STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH

ANNOUNCEMENT OF FUNDING FOR ADULT ALCOHOL AND DRUG ABUSE CLINICAL TREATMENT AND RECOVERY SERVICES

FOR TENNESSEE FISCAL YEAR 2013
JULY 1, 2012 - JUNE 30, 2013

Released by the
Tennessee Department of Mental Health
Division of Alcohol and Drug Abuse Services

Term of Services:	July 1, 2012 to June 30, 2013
Key Due Dates And Times:	Proposals due by January 31, 2012, 4:00 PM Central Time (CT) (See Section 1.2. for other due dates and times)
Submitted To:	Tennessee Department of Mental Health Division of Alcohol and Drug Abuse Services ATTN: Adult Alcohol and Drug Abuse Clinical Treatment and Recovery Services Announcement of Funding Andrew Johnson Tower, 10th Floor 710 James Robertson Parkway Nashville, TN 37243

Amendment Two

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TENNESSEE DEPARTMENT OF MENTAL HEALTH
Division of Alcohol and Drug Abuse Services
Announcement of Funding
Clinical Treatment and Recovery Support Services
December 2011

The Tennessee Department of Mental Health (TDMH), Division of Alcohol and Drug Abuse Services (DADAS) (the "State") is requesting proposals from Community Alcohol and Drug Abuse Treatment Providers interested in providing Adult Alcohol and Drug Abuse Clinical Treatment and Recovery Support Services in Tennessee as described in the Intended Scopes of Services. (Attachments C-1, C-2, and C-3)

1. GENERAL CONDITIONS

1.1. Funding Information

1.1.1. **Type of Funding**: State of Tennessee Grant Contract Funds

1.1.2. **Funding Amount:** State of Tennessee Grant Contracts (hereinafter Grant Contract) may be available to eligible proposers in amounts based on the distribution of funds through Substance Abuse and Mental Health Services Administration's (SAMHSA's) Substance Abuse Prevention and Treatment Block Grant (SAPT BG) for the State of Tennessee and appropriated funds from the Tennessee General Assembly.

1.1.3. **Project Period:** July 1, 2012 through June 30, 2013. If funds are available, there may be additional periods.

1.1.4. **Allocations:** Funding allocations will be made on the basis of how well a Proposer addresses guidelines and criteria of this Announcement of Funding (hereinafter Announcement) and the State's need to establish Adult Alcohol and Drug Abuse Clinical Treatment and Recovery Support Services in all Mental Health Planning Regions.

1.1.5. **Coverage Area**: Tennessee's seven (7) Mental Health Planning Regions are as follows:

1.1.5.1. **Region 1**: Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, and Washington Counties.

1.1.5.2. **Region 2**: Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Jefferson, Hamblen, Knox, Loudon, Monroe, Morgan, Roane, Scott, Sevier, and Union Counties.

1.1.5.3. **Region 3**: Bledsoe, Bradley, Clay, Cumberland, DeKalb, Fentress, Grundy, Hamilton, Jackson, Macon, Marion, McMinn, Meigs, Overton,

Pickett, Polk, Putnam, Rhea, Sequatchie, Smith, Van Buren, Warren, and White Counties.

1.1.5.4. **Region 4**: Davidson County.

1.1.5.5. **Region 5**: Bedford, Cannon, Cheatham, Coffee, Dickson, Franklin, Giles, Hickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Maury, Marshall, Montgomery, Moore, Perry, Robertson, Rutherford, Stewart, Sumner, Trousdale, Wayne, Williamson, and Wilson Counties.

1.1.5.6. **Region 6**: Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, Madison, McNairy, Obion, Tipton, and Weakley Counties.

1.1.5.7. **Region 7**: Shelby County.

1.2. Timelines and Definition of "Due By"

December 9, 2011	TDMH releases Announcement of Funding
December 16, 2011	Proposers' Written Questions Regarding the Announcement are due by 4:00 PM Central Time (CT)
January 4, 2012*	Proposal Information Session at 1:00 PM CT
January 6, 2011	Proposers' Written Questions Arising after the Proposal Information Session are due by 12:00 PM CT
January 13, 2011	TDMH will issue written responses to questions
January 31, 2012	Proposals are due by 4:00 PM CT
March 9, 2012	TDMH Makes Announcement of Accepted Proposals
July 1, 2012	Anticipated Start Date of the Grant Contract

*There will be phone call-in capability for those that are unable to travel to Nashville on January 4. Each agency may only call-in from one number as there are a limited number of call-in lines available for these numbers. The numbers are as follows: 615-253-1857 (local) and 1-877-278-0081 (toll-free)

"Due by" means that the item being requested must be "received by" and "be in the hands of the TDMH (State)" by the stated date and time. "Due by" does not mean "postmarked by". For submission of proposals, see Section 1.8 for additional information.

1.3. Proposer and Proposal Eligibility

1.3.1. If unsure of eligibility, contact Linda McCorkle at Linda.McCorkle@tn.gov. **Questions specific to eligibility for this Announcement may be asked, in writing, at any time.** Electronic mail (e-mail) **is** permitted for the submission of eligibility-related questions. All other questions and requests for clarification shall be handled as explained in Section 1.7. Written responses to eligibility questions will be sent within three (3) business days of receipt of the written question.

1.3.2. Proposer Eligibility. The following types of entities are eligible to submit a proposal, unless prohibited under Section 1.3.3.:

1.3.2.1. A non-profit 501(c)(3) entity registered in the State of Tennessee.

1.3.2.2. A governmental agency doing business in the State of Tennessee.

1.3.3. A Proposer, for purposes of this Announcement, must **not** be (and the State will **not** enter into a Grant Contract with):

1.3.3.1. An entity which employs an individual who is, or within the past six (6) months has been, an employee or official of the State of Tennessee in a position that would allow the direct or indirect use or disclosure of information, which was obtained through or in connection with his or her employment and not made available to the general public, for the purpose of furthering the private interest or personal profit of any person; or,

1.3.3.2. Any individual or entity involved in assisting the State in the development, formulation, or drafting of this Announcement or the State Grant Contract's Scope of Services (such person or entity being deemed by the State as having information that would afford an unfair advantage over other Proposers); or

1.3.3.3. For the purposes of applying the requirements of this Section, the State will deem an individual to be an employee or official of the State of Tennessee until such time as all compensation for salary, termination pay, and annual leave has been paid.

1.3.4. Proposal Eligibility. Eligible proposals **must:**

1.3.4.1. Provide detailed information about the agency submitting the proposal;

1.3.4.2. Identify partnerships with multiple community providers (i.e., licensed alcohol and drug abuse treatment providers, recovery support providers, local health departments;

1.3.4.3. Demonstrate experience in, or plans for, the identification of leveraging opportunities to obtain additional resources within the community; and

1.3.4.4. Be complete and comply with all requirements of this Announcement. **Incomplete proposals or proposals that have not adhered to the requirements shall not be reviewed.**

1.4. State Amendments to this Announcement

The State reserves the right to amend this Announcement at any time. In the event the State decides to amend, add to, or delete any part of this Announcement, a written amendment will be posted on the State's website and notice of the posting will be distributed via the electronic mail (e-mail) mailing list described in Section 1.7.2.

1.5. State Cancellation of this Announcement

The State reserves the right to cancel, or to cancel and re-issue, this Announcement. See also Section 1.9.8. In the event such action is taken, notice of such action will be posted on the State's website and notice of the posting will be distributed via the electronic mail (e-mail) mailing list described in Section 1.7.2.

1.6. Proposer Notice of *Intent to Propose*

Creating a Proposer Contact List. The notice of *Intent to Propose* creates no obligation on the Proposer to submit a proposal and is **not a prerequisite** for submitting a proposal. The notice of *Intent to Propose* is recommended for the purpose of collecting electronic mail (e-mail) addresses of those who wish to directly receive any Announcement amendments or other notices and communications related to the Announcement. **There is no due date for the notice of *Intent to Propose***. To ensure timely receipt of any communications related to the Announcement, it is recommended that Proposers provide contact information (names and e-mail addresses) as soon as possible prior to the Proposal Information Session (see Section 1.8.). Electronic mail (e-mail) **is** permitted for sending the notice of *Intent to Propose* and providing contact information; send an e-mail to linda.mccorkle@tn.gov. In addition to Announcement amendments and other notices being sent via e-mail, Announcement amendments and other notices will be available on the TDMH website. **If** a Proposer wishes to send a more formal *Letter of Intent to Propose*, there is no particular format for such letter, but please indicate in the letter that the Proposer intends to submit a proposal in response to the "Tennessee Prevention Network Announcement of Funding" and include the name(s) and electronic mail (e-mail) address(es) of the individual(s) who are to be included on the e-mail mailing list to receive information (see Section 1.7.2). The *Letter of Intent to Propose* may be sent via e-mail to linda.mccorkel@tn.gov.

1.7. Communications

1.7.1. Communications – Method of Dispatch. Senders must assume the risk of the method of dispatching any communication (questions, comments, clarifications; proposal; and so on). **The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch**. Selection of the method of dispatch is the sole responsibility of the Proposer. Use of regular United States Postal Service (USPS) is **strongly discouraged** but if used, the sender should allow extra time for processing to ensure delivery by the stated date and time. As an alternative, the sender should consider using a delivery system that ensures delivery directly to the intended recipient (express mail; overnight delivery; UPS, FedEx, hand delivery.) **Electronic methods of dispatch are prohibited unless otherwise noted.**

1.7.2. Electronic Mail (E-Mail) Mailing List. The State will create an electronic mail (e-mail) mailing list to be used for sending communications related to this Announcement. The State intends to include all Tennessee licensed alcohol and drug abuse entities on the e-mail mailing list. Announcement amendments and other notices will also be available at the TDMH website.

1.7.3. Questions and Requests for Clarification - Prior to the Proposal Information Session. Comments, questions, and requests for clarification regarding this Announcement must be submitted in writing on or before 4:00 PM CT on December 16, 2011 to linda.mccorkle@tn.gov in order to be answered at the Proposal Information Session described in Section 1.8. **See Section 1.7.1. regarding method of dispatch.** Electronic mail (e-mail) **is** permitted for the submission of written questions and requests for clarification regarding this Announcement. Written responses to any questions and requests for clarification regarding this Announcement will be posted to the State's website and notice of posting will be distributed via the e-mail mailing list described in Section 1.7.2.

1.7.4. Questions and Requests for Clarification – At and After the Proposal Information Session. Questions and requests for clarification arising **at** the Proposal Information Session will be written down by the State at the Proposal Information Session and will be answered in writing by January 13, 2012. Questions and requests for clarification arising **after** the Proposal Information Session must be submitted in writing by 12:00 PM CT on January 6, 2012, to linda.mccorkel@tn.gov, and will be answered in writing by January 13, 2012. See section 1.7.1. regarding method of dispatch. Electronic mail (e-mail) **is** permitted for the submission of written questions and requests for clarification regarding this Announcement. Written responses to questions and requests for clarification regarding this Announcement will be posted to the State's website and notice of posting will be distributed via the e-mail mailing list described in Sections 1.7.2.

1.7.5. State's Written Responses and Communications are Binding. Only the State's official, written responses and communications will be binding with regard to this Announcement. The State will consider oral communications of any type to be **unofficial** and **non-binding**.

1.8. Proposal Information Session

Proposers are encouraged to attend the Proposal Information Session scheduled for Tuesday, January 4, 2012 from 1:00 PM until 3:00 PM Central Time at the Andrew Johnson Tower, 710 James Robertson Parkway, 1st Floor Conference Room, Nashville, TN 37243. **No makeup sessions will be provided.** It is recommended that Proposers fully review the Announcement prior to the Proposal Information Session in order to determine those sections needing further clarification. Written responses to questions and requests for clarification received in accordance with Section 1.7.3. will be posted on the State's website and notice of posting will be distributed via the e-mail mailing list described in Section 1.7.2. A paper copy of the written responses will be available at the Proposal Information Session. For questions and requests for clarification arising at and after the Proposal Information Session, see Section 1.7.4.

1.9. Proposal Preparation, Proposal Formatting Requirements, Proposal Submission, and Proposal Withdrawal

1.9.1. Proposer's Preparation of Proposal. The Proposer accepts full responsibility for all costs incurred in the preparation, submission, and other activities undertaken by the Proposer associated with the proposal.

1.9.2. Proposal Formatting Requirements. The State's goal to review all proposals submitted must be balanced against the obligation to ensure equitable treatment of all proposals. For this reason, formatting requirements have been established for proposals. **Failure to adhere to these requirements shall result in the proposal not being reviewed.**

19.2.1. Proposals must be received by the deadline.

1.9.2.2. Information provided must be sufficient for review.

1.9.2.3. Text must be legible.

1.9.2.4. Proposals must be written in English.

1.9.2.5. Proposal pages must be typed in black ink, single-spaced, in Times New Roman font, size twelve (12), with all margins (left, right, top, bottom) one inch (1") each. The one inch (1") margin requirement does **not** apply when preparing the worksheets (Attachments A and B).

1.9.2.6. Pages should not have printing on both sides.

1.9.2.7. Proposal paper must be white and eight and one-half inches by eleven inches (8.5" x 11") in size.

1.9.2.8. Proposals must adhere to page and line limits where noted.

1.9.2.9. Worksheets (Attachments A and B) must be used and the format cannot be altered.

1.9.2.10. To facilitate review and processing of the proposal, all pages must be numbered, beginning with the Cover Sheet. Assemble the proposal in the following order:

Transmittal Letter (signed in ink by authorized representative)
Cover Sheet (Attachment A)
Table of Contents
Proposal Narrative
Job Description Worksheet and Organizational Chart(s) (Attachment B)

1.9.2.11. All proposal pages must include a header with Proposer Name and Page Number.

1.9.2.12. Send the original proposal and three (3) copies to the mailing address listed in Section 1.9.4. Do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. However, you may use colored paper, rubber bands, or folders to separate the copies. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied and sent to reviewers. Do not include videotapes, audiotapes, compact disks (CDs), digital video disks (DVDs), flash drives, or other similar media formats.

1.9.3. Proposal Submission – Method of Dispatch. Senders must assume the risk of the method of dispatching any communication (proposal questions, clarifications; proposal; and so on). **The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch**. Selection of the method of dispatch is the sole responsibility of the Proposer. Use of regular United States Postal Service (USPS) is **strongly discouraged** but if used, the sender should allow extra time for processing to ensure delivery by the proscribed date and time. As an alternative, the sender should consider using a delivery system that ensures delivery directly to the intended recipient (express mail; overnight delivery; UPS, FedEx, hand delivery.) **Electronic methods of dispatch are prohibited unless otherwise noted.**

1.9.4. The proposal must be dispatched (see Section 1.9.3.) to:

Tennessee Department of Mental Health
Division of Alcohol and Drug Abuse Services
ATTN: Adult Alcohol and Drug Abuse Clinical Treatment and Recovery Services
Announcement of Funding
Andrew Johnson Tower, 10th Floor
710 James Robertson Parkway
Nashville, TN 37243

1.9.5. Proposal – Due Date. Proposals must be **received by** the State no later than 4:00 PM CT on January 31, 2012 and meet other submission criteria detailed in this Announcement in order to be eligible for review. **See Section 1.7.1. for method of dispatch.** Proposals will be considered to be "on time" only if they are received on or before the established due date and time. This does **not** mean "postmarked by" the due date and time; rather, it means "received by" and, "in the hands of the TDMH (the State)" by the due date and time. If the proposal is hand delivered, a signed receipt from the State will be given to the delivery person as verification of receipt. Receipt of proposals submitted using a mail delivery service will be provided via e-mail.

1.9.6. Late proposals will **not** be reviewed.

1.9.7. Proposers may only submit **one (1)** proposal. The submission of multiple proposals from the same Proposer may result in the Proposer's disqualification.

1.9.8. State's Right to Reject Proposals. The State reserves the right to reject, in whole or in part, any or all proposals; to advertise for new proposals; to arrange to perform the services herein; to abandon the need for such services; and to cancel this Announcement if it is in the best interests of the State. See also Section 1.5. In the event such action is taken, notice of such action will be posted on the State's website and notice of the posting will be distributed via the electronic mail (e-mail) mailing list described in Section 1.7.2.

1.9.9. Proposal Withdrawal. Proposals submitted prior to the due date may be withdrawn, modified, and resubmitted by the Proposer so long as any resubmission is made in accordance with all requirements of this Announcement.

1.10. Proposal Review, Selection, Components, and Scoring

1.10.1. No Obligation of State. This Announcement and the Grantee selection processes do not obligate the State and do not create rights, interests, or claims of entitlement in either the Proposer with the apparent best-evaluated proposal or any other Proposer.

1.10.2. Proposal Review. Eligible proposals received by the deadline will be screened to determine technical compliance and completion. **Incomplete and noncompliant proposals will not be reviewed.** Proposers submitting incomplete or noncompliant proposals will be notified. Proposals found to be in compliance with all requirements, complete, and in the approved format will be submitted for review.

1.10.3. Proposal Selection. The State recognizes the need to ensure that funding provided for Adult Alcohol and Drug Abuse Clinical Treatment and Recovery Services provides maximum benefit to the citizens of Tennessee. Therefore, preference will be given to proposals that:

1.10.3.1. Meet the Proposal Eligibility criteria outlined in Section 1.3.4.;

1.10.3.2. Provide detailed information about the agency submitting the proposal;

1.10.3.3. Identify partnerships with multiple community providers (i.e., licensed alcohol and drug abuse treatment providers, recovery support providers, local health departments; and

1.10.3.4. Demonstrate experience in, or plans for, the identification of leveraging opportunities to obtain additional resources within the community.

1.10.4. Proposal Components. There are five (5) Proposal Components:

1.10.4.1. **Transmittal Letter (signed in ink by authorized representative)**
Include authorized signature(s)

1.10.4.2. **Cover Sheet (Attachment A)**
Include authorized signature(s)

1.10.4.3. **Table of Contents**
Include page numbers for each of the major sections, beginning with the Proposal Narrative, and for each attachment of the proposal.

1.10.4.4. **Proposal Narrative**
The Proposal Narrative consists of Subsections 2.1.1 through 2.1.10. **and** applicable additional Sections 2.3., 2.4., and/or 2.5. Together, the Proposal Narrative **may not exceed fifteen (15) pages**. This limit does **not** include worksheets (Attachments B-C). Total point allocation includes the score for worksheets (see also Section 2.10.).

1.10.4.5. **Job Description Worksheet and Organizational Chart(s) (Attachment B)**

1.10.4.5.1. For each position identified in the project budget, provide a one (1) page job description that includes position name; reporting structure; duties; responsibilities; and qualifications.

1.10.4.5.2. Provide an organizational chart for the entity submitting the proposal, demonstrating where staff and their supervisors fit within the overall structural organization of the entity submitting the proposal.

1.10.5. Proposal Scoring. Proposal scoring will be based on the **quality** and **completeness** of responses to the Proposal components (see Section 1.10.4.) Each component will be allocated a maximum point value that determines a range within which reviewers will assign specific points. Proposals may receive a maximum score of two hundred (200). A minimum average score of one hundred twenty (120) or greater is required for the proposal to be considered for funding. Proposals scoring less than the minimum average score will **not** be funded.

1.11. State of Tennessee Grant Contract Provisions

1.11.1. Scope of Services and Rights of State. See Attachments C-1, C-2, and C-3 for the Intended Scopes of Services, which are Section A. of a State of Tennessee Grant Contract. Please note that the State of Tennessee reserves the right to make any changes deemed necessary before issuing the final Grant Contract. The State of Tennessee also reserves the right not to issue any Grant Contracts in response to this Announcement.

1.11.2. Commencement of State Obligations. State obligations pursuant to a Grant Contract shall commence only after the Grant Contract is signed by the State and the Grantee and after the Grant Contract is approved by all other Tennessee officials in accordance with applicable laws and regulations.

1.11.3. Consideration of Past Performance. Prior to the execution of any Grant Contract, the State reserves the right to consider past performance under other Tennessee contracts.

1.11.4. Some Requirements of a State of Tennessee Grant Contract. Agencies entering into a Grant Contract under this Announcement will be required to:

1.11.4.1. Provide data and participate in information exchange through the State's data system as indicated in the Intended Scopes of Services and upon request;

1.11.4.2. Implement and maintain written organized policies and procedures; and create and maintain a written Policies and Procedures Manual, if such a manual does not already exist; and

1.11.4.3. Participate in State-sponsored workgroup meetings and activities.

2. PROPOSAL NARRATIVE

Proposals must include completed worksheets of this Announcement. Proposals must also include responses to all questions or statements in Section 2.1. **plus** those in 2.3., 2.4., and/or 2.5. depending on which services are being covered by the Proposal . **Failure to complete any worksheets (Attachments A and B) or respond to every question or statement in each category of this Section shall result in the proposal not being reviewed**. Responses should fully address all applicable items and be numbered for clarity. Together, the Proposal Narrative **may not exceed fifteen (15) pages**.

2.1. General Questions and Statements

2.1.1. Describe the Proposing entity's type of business, including the licenses and accreditations that are currently maintained. Agencies must be a 501(c)(3) organization and submit appropriate proof. (See Attachments C-1, C-2, and C-3 for Intended Scopes of Services)

2.1.2. State the Proposing entity's philosophy and/or goals related to substance use/co-occurring disorder treatment and recovery support services.

2.1.3. Describe the current type of substance use/co-occurring disorder services offered and length of time these services have been offered for individuals with a substance use or co-occurring disorder.

2.1.4. Explain how the Proposing entity will involve a Peer Support Specialists in the provision of services.

2.1.5. Explain the Proposing entity's ability to provide/offer a continuum of substance use/co-occurring disorder services.

2.1.6. Describe the Proposing entity's ability to provide Assessment and Intensive Outpatient Treatment Services via electronic tele-medicine.

2.1.7. Explain the Proposing entity's plan(s) for addressing the needs of clients who frequently use treatment and recovery services and/or present challenging/difficult issues and how recidivism will be minimized.

2.1.8. Describe the Proposing entity's safety procedures and security measures utilized to ensure the safety of staff, individuals, and the community.

2.1.9. Describe how the Proposing entity will manage a waiting list.

2.1.10. Describe how the Proposing entity will provide culturally and gender responsive services, including race, ethnicity, religion, gender, age, geography socioeconomic status, language, literacy, sexual orientation, and gender identity.

2.2. **<u>Service-Specific Items</u>**. **In addition to addressing all items in Section 2.1.**, select which programs listed below the Proposing entity intends to deliver and respond to each question and statement under each section. Each Proposer will submit just one (1) proposal, but each type of service noted below will be scored separately. The score for all items in Section 2.1. will be added to the score for the applicable additional items in Sections 2.3., 2.4., and/or 2.5. to obtain a total score. This method of scoring eliminates the need for the Proposing entity to write a full proposal for each service.

2.2.1. Example 1: If the score for all items in Section 2.1. is 50 points and the score for Adult Continuum of Care is 34 points, the total score for Adult Continuum of Care will be 84 points.

2.2.2. Example 2: If the score for all items in Section 2.1 is 50 points and the score for Pregnant Women's Intensive Outpatient Treatment/Women with Dependent Children is 48 points, the total score will be 98 points.

2.3. **<u>Adult Continuum of Care</u>**

2.3.1. The Adult Continuum of Care services listed below may be funded. Check which services are included in the Proposal.

- ☐ Adult Outpatient, ASAM Level I
- ☐ Adult Intensive Outpatient Treatment, ASAM Level II.1
- ☐ Adult Partial Hospitalization, ASAM Level II.5
- ☐ Adult Clinically-Managed Low-Intensity Residential Services (Residential Rehabilitation-Low/Halfway House), ASAM Level III.1
- ☐ Clinically-Managed Medium-Intensity Residential Treatment, ASAM Level III.3
- ☐ Clinically-Managed High-Intensity Residential Treatment, ASAM Level III.5
- ☐ Medically-Monitored Intensive Inpatient Treatment, ASAM Level III.7
- ☐ Adult Clinically-Managed Detoxification Services (Social Detoxification), ASAM Level III.2-D
- ☐ Adult Medically-Monitored Detoxification Services (Medical Detoxification), ASAM Level III.7-D

2.3.2. Explain the Proposing entity's program for delivering Adult Continuum of Care services and list the addresses(es) of the facilities/locations where each level of care will be delivered.

2.3.3. Explain the Proposing entity's plan(s) for movement between levels of care to assure that the least restrictive service is being utilized.

2.3.4. List the evidence-based curricula the Proposing entity plans to use and describe how the curricula will be implemented. Include how the Proposing entity will assure fidelity to the model(s).

2.3.5. Describe how the Proposing entity will assure the consumer has access to Recovery Support Services. If the proposing entity offers Recovery Support Services, list and describe each service offered.

2.4. Services For Pregnant Women's Intensive Outpatient Services and Women with Dependent Children Recovery-Oriented System of Care Services

2.4.1. The Services for Pregnant Women's Intensive Outpatient Services and Women with Dependent Children Recovery-Oriented System of Care Services listed below may be funded. Check which services are included in the Proposal.

- ☐ Clinical Assessment
- ☐ Women Intensive Outpatient Treatment, ASAM Level II.1,
- ☐ Pregnant Women Intensive Outpatient Treatment, ASAM Level II.1
- ☐ Pregnant Women Residential Treatment
- ☐ Clinically-Managed Medium-Intensity Residential Treatment, ASAM Level III.3
- ☐ Clinically-Managed High-Intensity Residential Treatment, ASAM Level III.5
- ☐ Medically-Monitored Intensive Inpatient Treatment, ASAM Level III.7
- ☐ Adult Clinically-Managed Detoxification Services (Social Detoxification), ASAM Level III.2-D
- ☐ Psychiatric Diagnostic Interview Examination
- ☐ Nursing Assessment
- ☐ Prenatal Nursing Assessment
- ☐ Medication Management
- ☐ Medication Training and Support
- ☐ Drug Testing

- ☐ Individual Therapy
- ☐ Intensive Case Management (community based)
- ☐ Intensive Case Management (office based)
- ☐ Family/Relationship Support (Individual)
- ☐ Family/Relationship Support (Group)
- ☐ Parenting Support (Individual)
- ☐ Parenting Support (Group)
- ☐ Recovery Skills Building (Individual)
- ☐ Recovery Skills Building (Group)
- ☐ Recovery Check-ups
- ☐ Childcare
- ☐ Child Maintenance
- ☐ Transportation
- ☐ Transitional Housing

2.4.2. Explain the Proposing entity's program for delivering services to Pregnant Women and/or Women with Dependent Children and list the address(es) of the facilities/locations where each level of care will be delivered.

2.4.3 Describe a "Recovery-Oriented System of Care" and how it is or will be implemented.

2.4.4. Explain the Proposing entity's plan(s) for movement between levels of care to assure that the least restrictive service is being utilized.

2.4.5 List the evidence-based curricula the Proposing entity plans to use and describe how the curricula will be implemented. Include how the Proposing entity will assure fidelity to the model(s).

2.4.6. Explain how the Proposing entity will address the trauma needs of the women served.
2.4.7. Explain how the Proposing entity will provide interim services as required.

2.5. Medically Monitored Crisis Detoxification (MMCD), ASAM Level III.7-D

2.5.1. Describe the Proposing entity's program for delivering MMCD services and list the address(es) of the facilities/locations where MMCD services will be provided.

2.5.2. Describe the Proposing entity's relationship or how a relationship will be developed with the Mobile Crisis Response Teams and the Regional Mental Health Institutes in the Proposing entity's region.

2.5.3 Describe how the Proposing entity will assure that individual's who are being considered for an admission to a Regional Mental Health Institute but are more appropriate for MMCD services will be placed in MMCD services.

2.5.4. Describe the staffing pattern for twenty-four hours a day/seven days a week (24/7) Medically Monitored Detoxification Services.

2.5.5 List the medicines that are being, or will be, used for detoxification and how each are being, or each will be, administered. Describe how the medicines are being, or will be, stored.

2.5.6 Describe when it is appropriate to discharge an individual from MMCD services. What is the anticipated average length of stay in MMCD?

2.5.7. Describe how the Proposing entity will move individuals into an appropriate level of treatment care when detoxification has been stabilized.

3. PROPOSAL CHECKLIST

3.1. Technical Requirements

___ Written in English

___ Typed in black ink, single-spaced of standard eight and one-half inch by eleven inch (8.5" x 11") paper

___ Typed in Times New Roman font, size twelve (12)

___ All margins (left, right, top, bottom) are one inch (1") each. The margin requirement is **not** applicable to the Attachments.

___ Adhered to page and line limits

___ Pages are sequentially numbered including all attachments

___ Page header includes the Proposer Name and Page Number

___ Responded to each criterion listed in this Announcement in the order requested

___ Signed in ink by an authorized representative of the Proposer submitting the proposal

___ Assembled the proposal in the order described in Section 1.9.2.10.

___ No binder clips or paperclips have been used; no stapling or binding has been used

___ Submitted one (1) original print copy and three (3) print copies of the original

3.2. Proposal Order

Use the table below to ensure all requested information is included in the proposal. In addition, proposal materials should follow the order denoted below. **Incomplete proposals will not be reviewed**.

Proposal Component	Maximum Page Limit (where applicable)	Checklist
Transmittal Letter (signed in ink by authorized representative)	As needed to fulfill the requirement	
Cover Sheet (Attachment A)	As needed to fulfill the requirement	
Table of Contents	As needed to fulfill the requirement	
Proposal Narrative	Fifteen (15)	
Job Descriptions and Organizational Chart(s) (Attachment B)	As needed to fulfill the requirement	

Attachment A
COVER SHEET
Page 1 of 1

1. Legal Name of Grantee (to be used in Grant Contract):

2. Federal ID Number:
3. Edison Number:
4. Contact Information (fill in the table below):

	Name	Phone Number	Cell Number	Fax Number	Email Address	Mailing Address
Executive Director						
Program Contact						
Fiscal Contact						
Authorized Contract Signer						
Board Chair						

5. Tax Status

☐ Tax Exempt 501(c)(3) organization

☐ Government tax exempt entity

☐ College or university

6. Tennessee County(ies) to be served:

_____ _____

Signature of Authorized Representative Date

Attachment B
JOB DESCRIPTION WORKSHEET AND ORGANIZATIONAL CHART(S)
Page 1 of 2

For each position identified in the project budget, provide a job description that includes position name; classification; reporting structure; duties; responsibilities; and qualifications. This form may be used or provide an existing Proposing entity job description with the requested information.

POSITION NAME: _____

POSITION IS SUPERVISED BY: _____
(*Title of Supervisor)*

Duties:

Responsibilities:

Qualifications:

Attachment B
JOB DESCRIPTION WORKSHEET AND ORGANIZATIONAL CHART(S)
Page 2 of 2

Provide an Organizational Chart for the entity submitting the proposal, demonstrating where staff and their supervisors fit within the overall structural organization of the entity submitting the proposal. An Organizational Chart must be provided for each program/service covered in the Proposal.

A. SCOPE OF SERVICES:

A.1. The Grantee shall provide all services and deliverables as required, described, and detailed herein and shall meet all service and delivery timelines as specified by this Grant Contract.

A.2. Service Definitions:

a. The Adult Continuum of Care, as further described in this Scope of Services, provides for the treatment of adults with a primary or secondary alcohol or other drug abuse or dependency diagnosis or co-occurring substance use and psychiatric diagnosis. Services are provided on an as-needed basis and as applicable for each service recipient. Service recipients can transfer between the levels provided in the continuum to meet individual treatment needs; however, a service recipient can only be admitted to and be receiving services in one level of care at a time.

b. The Adult Continuum of Care levels of care include the following, each as defined in a clinical guide used in determining an appropriate level of care for clinical alcohol and drug use and abuse treatment services (the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition, Revised (ASAM PPC-2R) or current revision), and further described in Section A.5.c.: 1) ASAM Level I; 2) ASAM Level II.1; 3) ASAM Level II.5; 4) ASAM Level III.1; 5) ASAM Level III.3; 6) ASAM Level III.5; 7) ASAM Level III.7; 8) ASAM Level III.2-D; and 9) ASAM Level III.7-D.

c. "Addiction Only Services" are programs that provide treatment services for persons with a substance use disorder only.

d. "Addiction Severity Index, Fifth Edition (ASI – 5th Ed.)" is a standardized multi-focused screening/assessment tool used to collect information regarding the nature and severity of problems encountered by individuals abusing alcohol and/or drugs.

e. "Aftercare Services and Aftercare Plan", for purposes of this Grant Contract, are written plans developed by the Grantee and the service recipient which specify the activities and objectives that will enable the service recipient to sustain a recovery-oriented lifestyle.

f. "Co-occurring disorder (COD)", for purposes of this Grant Contract, is a primary diagnosis of a substance use disorder and a secondary diagnosis of a psychiatric disorder, as those terms are defined herein.

g. "Co-occurring Disorders Capable (CODC) program", for purposes of this Grant Contract, is a treatment program that address a COD as that term is defined herein, in service provider policies and procedures, assessment, treatment planning, program content, and discharge planning. Even where such programs are geared primarily toward treating substance use or mental disorders, staff are able to address the interaction between mental and substance-related disorders and their effect on the consumer's readiness to change – as well as relapse and recovery environment issues – through individual and group program content. This program treats service recipients with less severe mental disorders and more severe substance use disorder.

h. "Co-occurring Disorders Enhanced (CODE) program", for purposes of this Grant Contract, is a treatment program that has a higher level of integration of substance abuse and mental health treatment and recovery services. This program is able to provide unified and integrated substance abuse and mental health treatment and recovery to

service recipients who have unstable or disabling CODs. This program treats service recipients with more severe mental disorders and more severe substance use disorders.

i. American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)," lists the various categories of mental disorders and the criteria for diagnosis.

j. "Dual Diagnosis Capability in Addiction Treatment (DDCAT)" is an instrument that assesses a provider's ability to provide COD services.

k. "Individualized Program Plan (IPP)" and "Narrative Summary Reviews of the IPP", for purposes of this Grant Contract, are written documents prepared by the service recipient and a qualified alcohol and other drug personnel with specific goals and objectives to guide the treatment process.

l. "Integrated interventions", for purposes of this Grant Contract, are specific treatment strategies or therapeutic techniques in which interventions for a COD, as defined herein, diagnosis or symptom is combined in a single contact or in a series of contacts over time.

m. "Integrated screening and assessment", for purposes of this Grant Contract, consists of gathering information and engaging in a process with the service recipient that enables the provider to establish the presence or absence of a COD, as defined herein; determine the service recipient's readiness for change; identify service recipient strengths or problem areas that may affect the processes of treatment and recovery; and engage the service recipient in the development of an appropriate treatment relationship.

n. "Interim Services", for purposes of this Grant Contract, are services provided until an individual is admitted to a clinical treatment program for the purpose of reducing the adverse consequences of substance abuse, or promoting the health of the individual, or reducing the risk of transmission of disease, and for engaging the individual to receive services.

o. "Psychiatric disorder" includes clinical diagnoses according to the specific diagnostic criteria given in the DSM-IV or most current version.

p. "Substance use disorder" includes Substance Abuse and Substance Dependence according to the specific diagnostic criteria given in the DSM-IV or most current version.

A.3. Service Recipients:

a. Tennessee residents age eighteen (18) years old and older who:

(1) Have a substance use disorder or COD as defined in Section A.2.;

(2) Have no other financial means of obtaining the services available through this program;

(3) Are not enrolled in Tennessee's Medicaid program, TennCare; or do not have any other third party health benefits payor source or have depleted their TennCare or other third party alcohol and drug abuse treatment benefits limit; and

(4) Meet the one hundred thirty-three percent (133%) federal poverty guidelines as set by the United States Department of Health and Human Services.

A.4. Service Goals:

a. To provide the services available through this program for the intensity, duration, and frequency necessary, as determined by the assessment and ASAM PPC-2R criteria to restore or maintain the service recipient's appropriate level of functioning.

b. To provide services that are gender and culturally responsive.

c. To participate in the State-funded service recipient outcomes follow-up project as further described in this Scope of Services.

A.5. Structure:

a. Staffing; Policies and Procedures; and Compliance with Laws, Rules, and Regulations. The Grantee shall:

(1) Be structured and organizationally linked to a governing body as prescribed by the State.

(2) Be appropriately staffed to provide the services described herein and submit to the State, in writing, a description of position titles for direct care staffing positions, including qualifications, licenses, and other such credentials. Proof of all credentials and licenses shall be submitted upon request of the State.

(3) Develop, implement, and maintain written organized policies and procedures; and create and maintain a written Policies and Procedures Manual. The Policies and Procedures Manual shall be available upon request of the State and include policies and procedures on, but not limited to, the following:

i. Establishing and maintaining a waiting list in the State's data system with assurances that the Grantee will notify, in writing, the State's Director of Addictions Treatment and Recovery Services when ninety percent (90%) capacity to admit individuals has been reached;

ii. Addressing Infection Control procedures by the Centers for Disease Control (CDC) by referring to the CDC's guidelines available at their website;

iii. Assuring priority preference for admission and, if necessary, placement on the waiting list to treatment programs following the admission. Priority preference is as follows: First Priority: Pregnant injecting drug abuser; Second Priority: Pregnant substance abuser; Third Priority: Injecting drug user; Fourth Priority: Medically Monitored Crisis Detoxification admissions; Fifth Priority: Board of Probation and Parole; Sixth Priority: All others; and

iv. Quality improvement and program evaluation.

(4) Meet and comply with all licensure requirements (facility and personnel) and reporting requirements adopted by the State; and state and federal laws, rules, and regulations governing alcohol and drug prevention or treatment programs

funded in whole or in part under this Grant Contract. Proof of licensure and credentials shall be submitted upon request of the State.

b. Monitoring. In accordance with Section D.14., the State shall conduct program monitoring as follows:

(1) State monitors shall notify the Grantee of their arrival, prior to site visit inception. The Grantee shall make available all relevant personnel on the appointed day and at the scheduled time chosen by the State, unless otherwise arranged wit the State. Deviations from the proposed site visit date must be approved by the State's Practice Improvement Director, no later than two (2) weeks prior to the site visit date;

(2) The Grantee shall comply with any and all requests for information as issued by the State and is required to have all information slated for review, present and ready for review on the appointed day and at the scheduled time of the review. All requested information is to be prepared as specified by the State;

(3) Following the monitoring visit or desk review, the Grantee shall receive a Monitoring Report. If the Monitoring Report indicates that the Grantee has incurred reportable findings, the Grantee shall be required to submit a Corrective Action Plan (CAP) for the State's approval. The CAP must include the date issued, the signature of the preparer, and must address each reportable finding listed in the Monitoring Report. The CAP must also include corrective action to be implemented, person responsible for implementing corrective action, and the CAP implementation date;

(4) Grantee correspondence concerning the CAP may be submitted to the State in hard copy or electronically, as an attachment, via electronic mail (e-mail); and must include a cover letter on Grantee letterhead; and must conform to the State-approved format; and must be submitted within the timeframe specified by the State. No facsimile CAP information will be accepted; and

(5) If the CAP is satisfactory, the Grantee shall receive a CAP Approval Letter from the State. If the CAP is unsatisfactory, the Grantee shall receive a CAP Disapproval Letter requesting amendment and resubmission to the State. After the CAP is approved, the State shall conduct a follow-up site visit within sixty (60) days after the approval of the CAP. It is expressly understood and agreed the obligations set forth in this section shall survive the termination of this Grant Contract as specifically indicated herein.

c. Provision of Services. The Grantee shall:

(1) Only provide services under this program for which the Grantee has obtained the appropriate Alcohol and Drug Treatment Facility license, as determined by the State, from the State. For each level of care for which the Grantee is licensed, the Grantee shall identify, in writing, the admission criteria including priority populations. The Grantee shall not exclude service recipients who are appropriately prescribed medication for a psychiatric condition.

(2) Only provide services in a level of care for which the Grantee has been approved by the State, and for which the Grantee has obtained the appropriate Alcohol and Drug Treatment license and, if appropriate, the appropriate Mental Health license

from the State. If the Grantee has been approved for different levels of care, the Grantee shall provide, in writing, placements in, and movements between, levels of care and assurances that service recipients will be placed in and moved to the appropriate level(s) of care based on ASAM criteria. ASAM levels of care include:

i. ASAM Level I, Adult Outpatient Services - a wide range of nonresidential services for individuals with a primary or secondary alcohol or other drug abuse or dependency diagnosis which allow the persons receiving the services to function as they go about their daily lives in the community. Services include individual therapy, group therapy, family therapy or any combination of such counseling services that are usually scheduled on a periodic basis. Group size must be a minimum of six (6) clients and no more than twelve (12) clients for a valid group session unless otherwise approved in writing by the State. Only one (1) outpatient service per day per client is valid. A valid individual session must be a minimum of fifty (50) minutes and a valid group session must be a minimum of ninety (90) minutes, excluding administrative time.

ii. ASAM Level II.1, Adult Intensive Outpatient - structured nonresidential treatment program for individuals with a primary or secondary alcohol or other drug abuse or dependency diagnosis consisting of multiple face-to-face therapeutic contacts per week. This is an alternative to residential treatment for persons with substance abuse related disorders who cannot be treated exclusively in an outpatient setting. An intensive outpatient service is operated to provide the client with an intensive and

ongoing treatment program designed to assist the client to modify problem behavior and to acquire the skills necessary to live as independently as possible and/or minimize his/her deterioration in the community. Services include individual therapy, group therapy, family therapy or any combination of such counseling services. This program provides between nine (9) and nineteen (19) hours per week of clinically intensive programming based on client needs. Group size must be a minimum of six (6) clients and no more than twelve (12) clients for a valid group session unless otherwise approved in writing by the State. A valid unit of service must be a minimum of three (3) hours per day.

iii. ASAM Level II.5, Adult Partial Hospitalization - structured non-residential treatment program for individuals with a primary or secondary alcohol or other drug abuse or dependency diagnosis that generally provides twenty (20) or more hours of clinically intensive programming per week based on client needs. This is an alternative to residential treatment for persons with substance abuse related disorders who cannot be treated exclusively in an outpatient setting. An intensive partial hospitalization service is operated to provide the client with an intensive and ongoing treatment program designed to assist the client to modify problem behavior and to acquire the skills necessary to live as independently as possible and/or minimize his/her deterioration in the community. Group size must be a minimum of six (6) clients and no more than twelve (12) clients for a valid group session unless otherwise approved in writing by the State. A valid unit of service must be a minimum of four (4) hours per day.

iv. ASAM Level III.1, Adult Clinically-Managed Low-Intensity Residential Services (Residential Rehabilitation-Low/Halfway House) - structured residential treatment program for individuals with a primary or secondary alcohol or other drug abuse or dependency diagnosis. Services include provision of individual counseling, group counseling, family counseling, alcohol and drug abuse education, or any combination of such services. These activities include a minimum of one (1) counseling contact and one (1) educational lecture or seminar per week. Narcotics Anonymous and Alcoholics Anonymous groups are not considered as lectures or seminars.

v. ASAM Levels III.3, III.5, and III.7, Adult Clinically-Managed and Medically-Monitored Residential Rehabilitation Services - structured residential treatment programs treating individuals with a primary or secondary alcohol or other drug abuse or dependency diagnosis. Residential rehabilitation services include provision of individual therapy, group therapy, family therapy or any combination of such counseling services. Residential rehabilitation services are designed to restore the severely dysfunctional alcohol and/or drug dependent person to levels of functioning appropriate to that individual. The services may be provided in a hospital or a residential setting and are not appropriate for persons experiencing withdrawal symptoms. An essential aspect of residential rehabilitation is the ongoing structured use of therapy to achieve the goal of rehabilitation. This therapy includes a minimum of five (5) counseling contacts per week and a minimum of five (5) lectures or seminars per week. Narcotics Anonymous and Alcoholics Anonymous groups are not considered as lectures or seminars. The three (3) levels of care are different in intensity as follows:

(a) ASAM Level III.3, Clinically-Managed Medium-Intensity, is for persons who need less-intense, slower-paced, and longer term treatment;

(b) ASAM Level III.5, Clinically-Managed High-Intensity, is for persons who need more-intense, faster-paced, and shorter term treatment; and

(c) ASAM Level III.7, Medically-Monitored Intensive, is for persons who have more significant problems with intoxication and withdrawal and other biomedical complications requiring the medical monitoring of their treatment.

vi. ASAM Level III.2-D, Adult Clinically-Managed Detoxification Services (Social Detoxification) - a seven (7) days a week, twenty-four (24) hours a day residential social setting detoxification to treat individuals with a primary or secondary alcohol or other drug abuse or dependency diagnosis. Social Detoxification services are designed to facilitate the withdrawal of the alcohol and/or drug dependent person and could include the limited use of medication. Social Detoxification is a residential service which takes place in a supportive environment. The term “detoxification” may include provision of individual therapy, group therapy, family therapy or any combination of such counseling services. Social Detoxification also includes any necessary testing or evaluation to determine if prospective clients meet the agency admission criteria.

vii. ASAM Level III.7-D, Adult Medically-Monitored Detoxification Services (Medical Detoxification) – a seven (7) days a week, twenty-four (24) hours a day treatment in a residential facility with services delivered by medical and nursing professionals to individuals with a primary or secondary alcohol or other drug abuse or dependency diagnosis. The Medical Detoxification residential facility will provide medically-supervised evaluation and withdrawal management under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols. Individual therapy, group therapy, family therapy or any combination of such counseling services may be included.

(3) Provide CODC or CODE programs, as defined in Section A.2., and as determined by the DDCAT defined in Section A.2. The Grantee shall identify, in writing, the therapeutic modalities and interventions to be used including those for addressing CODC and/or CODE programs, family involvement in treatment, and the spiritual dynamics of addiction and recovery.

(4) Use Hazelden's Co-Occurring Disorders Program curriculum or other State-approved evidence-based curriculum for the treatment of COD, as defined in Section A.2., for service recipients served under this program. For other treatment, the Grantee shall identify, in writing, which evidence-based and best practice treatment programs are currently being implemented or are to be implemented as treatment modalities. If the Grantee does not use a program listed in the Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Registry for Evidence-Based Programs and Practices (NREPP), documentation must be included to show that the program has been named an evidence-based or best practice model.

(5) A Dual Diagnosis Capability in Addiction Treatment (DDCAT) or a Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) Index must be conducted by program staff and facilitated by the agency's clinical director for program review, comparison and enhancement at least annually and kept on agency file.

(6) Provide services under this program in accordance with the ASAM PPC-2R. Timeframes for completion of any ASAM PPC-2R assessment shall be at admission; criteria case review; discharge and/or referral to another treatment provider according to the following treatment level schedule. The Grantee shall identify, in writing, the screening and assessment instruments to be used with service recipients and when each is to be completed. All assessments must be kept in the service recipient's record:

i. ASAM Level I – Outpatient: Every fourth (4th) session or every fourteen (14) calendar days, whichever occurs first.

ii. ASAM Level II.1 – Intensive Outpatient: At least every fourteen (14) calendar days.

iii. ASAM Level II.5 – Partial Hospitalization: At least every seven (7) calendar days.

iv. ASAM Level III.1 – Clinically-Managed Low-Intensity Residential Rehabilitation (Halfway House): At least every thirty (30) calendar days.

v. ASAM Level III.3 – Clinically-Managed Medium-Intensity Residential Rehabilitation: At least every seven (7) calendar days.

vi. ASAM Level III.5 – Clinically-Managed High-Intensity Residential Rehabilitation: At least every seven (7) calendar days.

vii. ASAM Level III.7 – Medically-Monitored Intensive Residential Rehabilitation: At least every three (3) calendar days.

viii. ASAM Level III.2-D – Clinically-Managed Detoxification (also known as Social Detoxification): Daily. See chart in Section A.5.c.(5)ix. for a guideline on appropriate lengths of stay.

ix. ASAM Level III.7-D – Medically-Monitored Detoxification (also known as Medical Detoxification): Daily. The following chart serves as a guideline for appropriate lengths of stay in ASAM Levels III.2.-D and III.7-D:

Type of Substance	Guideline for Appropriate Lengths of Stay in ASAM Levels III.2-D and III.7-D
Alcohol	3-5 days
Cocaine	3-5 days
Marijuana	3 days
Heroin	5-7 days
Non-Prescription Methadone	10-30 days
Other Opiates and Synthetics	5-7 days
PCP	5-7 days
Hallucinogens	5-7 days
Methamphetamine	3-5 days
Amphetamine	5-7 days
Other Stimulants	5-7 days
Benzodiazepine	7-10 days
Tranquilizer	7-10 days
Barbiturate	7-14 days
Other Sedatives or Hypnotics	5-10 days
Inhalants	5-7 days
Over-the-Counter	3-7 days based on type of drug
Other Drug, not otherwise specified	3-7 days based on type of drug

(7) Conduct an ASI screening/assessment on each service recipient. An ASI is valid for up to forty-five (45) days from the date it is completed in the State's data system. Provider agencies will conduct an ASI assessment at or prior to admission, six (6) months post-admission (if enrolled in the treatment program), and at discharge. If applicable, an integrated screening, as defined in Section A.2., shall also be conducted on every service recipient.

(8) Create an IPP and Narrative Summary Review of the IPP, as those are defined in Section A.2., in accordance with the following:

i. For outpatient and intensive outpatient services, the IPP shall be developed within thirty (30) days of admission or by the third (3rd) face-to-face treatment contact, whichever occurs first. The Narrative Summary Review of the IPP shall be completed every ninety (90) days.

ii. For residential rehabilitation and halfway house treatment facilities, the IPP shall be developed within seven (7) days of admission. The Narrative Summary Review of the IPP for residential rehabilitation treatment facilities shall be completed every seven (7) days and every sixty (60) days for halfway house treatment facilities.

(9) Create a discharge plan for preparing a service recipient to discharge from treatment. The discharge plan should identify criteria for discharge, including relapse and other recovery support services. A sample discharge plan shall be available upon request of the State.

(10) Provide interim services as defined in Section A.2., if applicable, as follows:

i. Interim services for intravenous drug abusers must include counseling and education about HIV and Tuberculosis (TB), counseling about the risks of needle sharing, counseling about the risks of HIV transmission to sexual partners and infants, steps to ensure HIV and TB transmission does not occur, and referral for HIV and TB treatment services if indicated.

ii. Interim services for pregnant women shall include counseling and education about HIV and TB, counseling about the risks of needle sharing, counseling about the risks of HIV transmission to sexual partners and infants, steps to ensure HIV and TB transmission does not occur, referral for HIV and TB treatment services if indicated, counseling on the effects of alcohol and drug use on the fetus, and referrals for prenatal care.

(11) Maintain a document identifying individuals seeking services for substance use disorders treatment when treatment services are not available or when program capacity has been reached ("waiting list"). Individuals on the waiting list are seeking treatment and have met program screening and eligibility criteria for services. The waiting list is to be initiated and maintained in the State's data system.

d. Outreach Services. The Grantee shall:

(1) Publicize, if the Grantee treats women, the availability of services to pregnant women and the fact that pregnant women receive preference for admission. In the event that the Grantee has insufficient capacity for admitting pregnant women seeking treatment, the Grantee shall attempt to place the pregnant woman at a facility with capacity. If the Grantee is unable to locate a facility, the Grantee shall notify the State's Director of Addiction Treatment and Recovery Services or designee, and the State will attempt to place the pregnant woman at a facility with capacity. If the State is unsuccessful in placing the pregnant woman at another treatment facility, the Grantee shall place the pregnant woman on a waiting list, with the highest admission priority, and the Grantee must provide interim services within forty-eight (48) hours.

(2) Provide outreach services to intravenous drug use (IVDU) individuals. Make assurances to the State that these outreach services are being provided by:

i. Selecting, training and supervising outreach workers;

ii. Contacting, communicating and following-up with high risk substance abusers, their associates and neighborhood residents, within constraints of federal and state confidentiality requirements, including Title 42 of the Code of Federal Regulations (CFR) Part 2 and Title 33 of the Tennessee Code Annotated;

iii. Promoting awareness among IVDUs about the relationship between injecting drug abuse and communicable diseases such as Human Immunodeficiency Virus (HIV);

iv. Recommending steps that can be taken to ensure that HIV transmission does not occur; and

v. Encouraging entry into treatment. For an individual who is in need of treatment for intravenous drug abuse, the individual will be admitted to a program providing the appropriate ASAM PPC-2R level of care, no later than fourteen (14) days after making the request for admission; or if no such program has the capacity to admit the individual on the date of such request, the individual will be admitted within one hundred twenty (120) days of such request and provided interim services no later than forty-eight (48) hours after such request. The Grantee must notify the State's Director of Addictions Treatment and Recovery Services when the Grantee reaches ninety percent (90%) capacity to admit service recipients to the appropriate program. If an individual cannot be admitted on the date of such request due to the program being at capacity, or cannot be admitted to another program within a reasonable geographic region, the individual will be placed on a waiting list with priority admission status, and will be served no later than fourteen (14) days after making the request for admission, or within one hundred twenty (120) days of such request and provided interim services no later than forty-eight (48) hours after such request. If an individual elects to be removed from the waiting list, or cannot be located, he or she may reapply for services at a later date.

e. Documentation and Reporting. The Grantee shall:

(1) Create and maintain a service recipient record on each service recipient served. Documentation of the service recipient's history and current life functioning for each admission and re-admission must be completed prior to the development of the IPP and within one (1) day of admission for detoxification services. Re-admission assessments will document service recipient's information from the date of last contact. Each service recipient's record shall include the following documentation:

i. The current presenting problem and referral source.

ii. The completed Addiction Severity Index (ASI). The ASI shall have been completed within the past forty-five (45) days; may be completed by another service provider; and shall be entered into the State's data system by the service provider at which the service recipient is currently receiving services.

iii. The completed ASAM PPC-2R assessment, which may have been completed by the Grantee or another service provider.

iv. The results of the TB screening and testing conducted in accordance with the State's licensure rules (Rules 0940-5-41 through 0940-5-47).

v. The State's approved and signed outcome evaluation forms.

vi. Appropriate signed Release of Information forms.

vii. An individualized IPP jointly developed by the service recipient and qualified alcohol and drug abuse treatment personnel completed within the time frames specified in the State's licensure rules (Rules 0940-5-41 through 0940-5-47). The IPP must be signed by the service recipient and staff member preparing the IPP.

viii. Narrative Summary Review of the IPP within the timeframes specified by the State's licensure rules which include the progress, or lack thereof, toward each treatment goal and changes in the diagnostic formulation, as appropriate. The Narrative Summary Review must be updated with each change in the level of care.

ix. Progress notes for each treatment contact, which minimally include service recipient's name, date, duration, group size, type of contact, and name and signature of staff delivering each service. At least weekly, the progress notes shall address the service recipient's progress, or lack thereof, toward IPP goals.

x. Copies of the ASAM PPC 2-R Criteria Case Review forms completed at admission, continued stay, and discharge.

xi. The discharge summary as prescribed by licensure rules and including a narrative description of the service recipient's course of treatment, condition at discharge, and signature of the individual preparing the summary.

xii. An aftercare plan as defined in Section A.2. and prescribed by the State's licensure rules (Rules 0940-5-41 through 0940-5-47).

(2) Submit the following information in the State's data system at the required timeframes set by the State:

i. Program enrollment;

ii. Service recipient admission;

iii. ASI and ASAM PPC-2R assessments; for the ASAM assessments, this includes those conducted at admission, continued stay, and discharge;

iv. Encounters;

v. Waiting list; and

vi. Other documentation as determined by the State.

(3) Submit all required program, fiscal, and data reports as prescribed by the State, including the National Survey of Substance Abuse Treatment Services (NSSAT). It is expressly understood and agreed the obligations set forth in this section shall survive the termination of this Grant Contract as specifically indicated herein.

A.6. Process:

a. Pursuant to Tennessee Code Annotated §33-10-103, all individuals who receive alcohol or drug abuse services should be required to pay the reasonable cost of counseling, assistance, treatment or rehabilitation furnished to them. However, no one should be refused assistance by programs or facilities funded in whole or in part by this Grant Contract because of inability to pay for such services.

b. "Reasonable cost", as used above in Section A.6.a., is set by the Grantee based on one hundred thirty-three percent (133%) of the United States Department of Health and Human Services Federal Poverty Guidelines and represents a percentage of the difference between the State's reimbursement rate and the Grantee's established rate as shown in Attachment 3.

c. The Grantee shall assist service recipients unable to pay for prescribed medication by referring to the various pharmaceutical companies for enrollment into the Pharmacy Assistance Programs.

d. The Grantee shall, when possible, utilize substance use recovery support services funded by other State-funded programs to assist the service recipient in obtaining other appropriate services.

e. The Grantee shall participate in the planning and coordination of program development, service delivery, and assessment of need in coordination with the State. The Grantee shall describe, in writing, how it will assess and provide for recovery support services, including referrals, provided to service recipients before, during, and/or post-treatment.

f. The Grantee shall make continuing education available to employees providing services available through this program. The continuing education shall be in the appropriate areas for the services being provided.

g. The Grantee shall participate in the State-approved outcome evaluation service recipient follow-up system by informing every service recipient served through this Grant Contract about the outcome evaluation service recipient follow-up system; and shall, for every service recipient served, obtain and submit signed consent forms and other forms as required.

h. The Grantee shall submit all individual service recipient transaction admission and discharge variables to the State with a maximum of five percent (5%) reported unknown or missing values.

A.7. Outcome – Access:

Services available through this program shall be available to those identified in Section A.3.

A.8. Outcome – Capacity:

The Grantee shall provide services available through this program to the maximum number of service recipients as determined by individual assessment of need and ASAM continuing stay case reviews.

A.9. Outcome – Effectiveness:

a. The Grantee shall participate in the State-approved outcome evaluation service recipient follow-up system for the purpose of obtaining information about each service recipient's functioning following participation in an alcohol and drug abuse services program.

b. The Grantee shall obtain signed consent forms and other required documentation for the State-approved outcome evaluation service recipient follow-up system for one hundred percent (100%) of those served under this program. A signed consent form must indicate either a "positive" consent (i.e. the service recipient's agreement to participate) or a "denied" consent (i.e. the service recipient's refusal to participate).

c. The Grantee shall obtain "positive" consents for the State-approved outcome evaluation service recipient follow-up system on a minimum of eighty percent (80%) of those served under this program.

d. At least seventy-five percent (75%) of service recipients will show an improvement in the life domain areas of substance abuse/dependence, mental health, physical health, housing, employment, family/social relations and legal involvement.

A. SCOPE OF SERVICES:

A.1. The Grantee shall provide all services and deliverables as required, described, and detailed herein and shall meet all service and delivery timelines as specified by this Grant Contract.

A.2. Service Definitions:

a. A Recovery-Oriented System of Care (ROSC) supports person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness, and recovery from alcohol and drug problems. The Women's ROSC (WROSC), as further described in this Scope of Services, provides for the treatment of women and pregnant women with a primary or secondary alcohol or other drug abuse or dependency diagnosis or co-occurring substance use and psychiatric diagnosis. Services are provided on an as-needed basis and as applicable for each service recipient. Service recipients can transfer between treatment levels of care to meet individual treatment and recovery support needs; however, a service recipient can only be admitted to and be receiving services in one treatment level of care at a time but may be receiving a treatment service and a recovery support service (RSS), as defined herein, at the same time.

b. The WROSC treatment levels of care, based upon services approved by the State, may include the following, each as defined in a clinical guide used in determining an appropriate level of care for clinical alcohol and drug use and abuse treatment services, (the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition, Revised (ASAM PPC-2R) or current revision) and further described in Section A.5.c.: 1) ASAM Level II.1; 2) ASAM Level III.3; 3) ASAM Level III.5; and 4) ASAM Level III.7.

c. An essential aspect of the WROSC is child care services. Child care shall include, but not be limited to assessment of the child's life functioning areas and appropriate referral and/or placement of the child while the mother is in treatment. Other services may include child counseling, play therapy, prevention education, and mother-child therapy.

d. Also essential for the WROSC are services designed to remove barriers to the woman's participation in treatment and to be supportive of her recovery. These services may include outreach, advocacy, case management, transportation, and aftercare services.

e. "Addiction Severity Index, Fifth Edition (ASI – 5th Ed.)" is a standardized multi-focused screening/assessment tool used to collect information regarding the nature and severity of problems encountered by individuals abusing alcohol and/or drugs.

f. "Aftercare Services and Aftercare Plan", for purposes of this Grant Contract, are written plans developed by the Grantee and the service recipient which specify the activities and objectives that will enable the service recipient to sustain a recovery-oriented lifestyle.

g. "Co-occurring disorder (COD)", for purposes of this Grant Contract, is a primary diagnosis of a substance use disorder and a secondary diagnosis of a psychiatric disorder, as those terms are defined herein.

h. American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)," lists the various categories of mental disorders and the criteria for diagnosis.

i. "Individualized Program Plan (IPP)" and "Narrative Summary Reviews of the IPP", for purposes of this Grant Contract, are written documents prepared by the service recipient and a qualified alcohol and other drug personnel with specific goals and objectives to guide the treatment process.

j. "Integrated interventions", for purposes of this Grant Contract, are specific treatment strategies or therapeutic techniques in which interventions for a COD, as defined herein; diagnosis or symptom is combined in a single contact or in a series of contacts over time.

k. "Integrated screening and assessment", for purposes of this Grant Contract, consists of gathering information and engaging in a process with the service recipient that enables the provider to establish the presence or absence of a COD, as defined herein; determine the service recipient's readiness for change; identify service recipient strengths or problem areas that may affect the processes of treatment and recovery; and engage the service recipient in the development of an appropriate treatment relationship.

l. "Interim Services", for purposes of this Grant Contract, are services provided until an individual is admitted to a clinical treatment program for the purpose of reducing the adverse consequences of substance abuse, or promoting the health of the individual, or reducing the risk of transmission of disease, and for engaging the individual to receive services.

m. "Medical Services", for purposes of this Grant Contract, are services provided by individuals licensed by the State of Tennessee to perform nursing assessments, psychiatric diagnostic interview examinations, medication management, and medication training and support:

(1) "Medication Management" is provided by a Tennessee licensed psychiatrist, psychiatric nurse practitioner, or physician's assistant for prescription medication management and reviews of medication with not more than minimal other therapy. This service must be provided in the service provider's facility; and

(2) "Medication Training and Assistance" provided by a Tennessee licensed psychiatrist, psychiatric nurse practitioner, physician's assistant, registered nurse, or licensed practical nurse to educate individuals about the purpose and use of medication and provide support in the appropriate use of medication, to include prescribing and procuring medications on behalf of the service recipient, utilizing the State's Behavioral Health Safety Net, CoverRX, or through a local pharmacy with the lowest medication purchase cost to include the use of generics where and when possible.

n. "Psychiatric disorder" includes clinical diagnoses according to the specific diagnostic criteria given in the DSM-IV or most current version.

o. "Recovery Support Services" (RSS) are non-clinical services that assist individuals and families to recover from alcohol or drug problems. RSS may include, but are not limited to drug testing; primary pediatric care and immunizations for children; recovery skills building; and:

(1) "Childcare" is providing child care services for dependent children, up through age twelve (12) of service recipients. This care is provided as part of the treatment plan while the person is participating in treatment and/or recovery support services, job training, education, employment or other activities approved by the provider. This care must be provided by a licensed child-care provider;

(2) "Child Maintenance" is room and board provided by the service provider in a residential setting where the custodial parent is receiving treatment and/or recovery support services where the program provides the component for the children to reside with that parent during treatment;

(3) "Family Relationship Support" are interventions on the service recipient's behalf to give family members and significant others information to understand the service recipient's addiction, skills to support the service recipient's recovery, and support to help the family cope. This service is also intended to provide service recipients with the tools to develop strong healthy and appropriate relationships in areas such as work and friendships. An individual session must be fifty (50) minutes and a group session must be sixty (60) minutes. The service may be provided for a total of twenty (20) sessions combined;

(4) " Intensive Case Management-Community Based" services involve assessing the needs of an individual and her family, when appropriate, and arranging, coordinating, evaluating, and advocating for a package of multiple services to meet the specific individual's complex needs; and is supportive in achieving the individual's treatment and recovery goals. Services may be provided during the treatment and/or recovery phase and must be delivered in the community;

(5) "Intensive Case Management-Office Based" services involve working on behalf of the service recipient in the service provider's office. This can be face-to-face or arranging for services on behalf of the service recipient via telephone or other communication device;

(6) "Parenting Support" includes interventions and education for the service recipient to learn and develop skills in effective parenting. An individual session must be fifty (50) minutes and a group session must be sixty (60) minutes. The service may be provided for a total of twenty (20) sessions combined;

(7) "Transitional Housing" is housing provided by the service provider, not clinical treatment beds, that is required on a transitional basis to support the service recipient during her treatment and/or recovery phase. This service is not a stand-along service and must be used in conjunction with another service in this Grant Contract; and

(8) "Transportation" is the transporting of service recipients for the purpose of accessing treatment and/or recovery support services or any other activity that supports a service recipient's recovery. This service is not a stand-alone service and must be used in conjunction with another service in this Grant Contract. This Grant Contract may not reimburse transportation costs being funded through another state or federal agency.

p. "Substance use disorder" includes Substance Abuse and Substance Dependence according to the specific diagnostic criteria given in the DSM-IV or most current version.

A.3. Service Recipients:

a. WROSC services described in Section A.5.c.(2) are available to any Tennessee female resident age eighteen (18) years old and older who:

(1) Has dependent children or is attempting to regain custody of her children;

(2) Has a substance use or COD as defined in Section A.2.;

(3) Has no other financial means of obtaining the services available through this program;

(4) Is not enrolled in Tennessee's Medicaid program, TennCare; has depleted their TennCare or other third party alcohol and drug abuse treatment benefits limit; or does not have any other third party health benefits payor source; and

(5) Meets the one hundred thirty-three percent (133%) federal poverty guidelines as set by the United States Department of Health and Human Services (US HHS).

b. WROSC services described in Section A.5.c.(3) are available to any Tennessee female resident age eighteen (18) years old and older who:

(1) Is pregnant or within three (3) months post-partum;

(2) Has a substance use or COD as defined in Section A.2.;

(3) Has no other financial means of obtaining the services available through this program;

(4) Is not enrolled in Tennessee's Medicaid program, TennCare; has depleted their TennCare or other third party alcohol and drug abuse treatment benefits limit; or does not have any other third party health benefits payor source; and

(5) Meets the one hundred thirty-three percent (133%) federal poverty guidelines as set by the US HHS.

c. WROSC services described in Section A.5.c.(4) are available to any Tennessee female resident age eighteen (18) years old and older who:

(1) Has a substance use or COD as defined in Section A.2.;

(2) Is African American or other minority living in low income housing;

(3) Is not enrolled in Tennessee's Medicaid program, TennCare, has depleted their TennCare or other third party alcohol and drug abuse treatment benefits limit; or does not have any other third party health benefits payor source; and

(4) Meets the one hundred thirty-three percent (133%) federal poverty guidelines as set by the US HHS.

A.4. Service Goals:

a. Service goals for the SISTERS program, for those identified in Section A.3.c., are to:

(1) Provide outreach services as described in Section A.5.c.(4);

(2) Provide services that are gender and culturally responsive; and

(3) Provide the appropriate RSS available through this program for the intensity, duration, and frequency necessary, including child care services, to restore or

maintain the service recipient's appropriate level of functions, and/or to improve outcomes.

b. Service goals for all other women's programs are to:

(1) Provide the services available through this program for the intensity, duration, and frequency necessary, as determined by the assessment and ASAM PPC-2R criteria, to restore or maintain the service recipient's appropriate level of functioning;

(2) Provide services that are gender and culturally responsive;

(3) Provide the appropriate recovery support services, including child care services, to restore or maintain the service recipient's appropriate level of functions, to improve retention in treatment, and/or to improve treatment outcomes; and

(4) Participate in the State-funded service recipient outcomes follow-up project as further described in this Scope of Services.

A.5. Structure:

a. Staffing; Policies and Procedures; and Compliance with Laws, Rules, and Regulations. The Grantee shall:

(1) Be structured and organizationally linked to a governing body as prescribed by the State.

(2) Be appropriately staffed to provide the services described herein and submit to the State, in writing, a description of position titles for direct care staffing positions, including qualifications, licenses, and other such credentials. Proof of all credentials and licenses shall be submitted upon request of the State.

(3) Develop, implement, and maintain written organized policies and procedures; and create and maintain a written Policies and Procedures Manual. The Policies and Procedures Manual shall be available upon request of the State and include policies and procedures on, but not limited to, the following:

i. Establishing and maintaining a waiting list in the State's data system, for all women's programs except the SISTERS program, with assurances that the Grantee will notify, in writing, the State's Director of Addictions Treatment and Recovery Services when ninety percent (90%) capacity to admit individuals has been reached;

ii. Addressing Infection Control procedures by the Centers for Disease Control (CDC) by referring to the CDC's guidelines available at their website;

iii. Assuring priority preference for admission and, if necessary, placement on the waiting list to treatment programs following the admission. Priority preference is as follows: First Priority: Pregnant injecting drug abuser; Second Priority: Pregnant substance abuser; Third Priority: Injecting drug user; Fourth Priority: Medically Monitored Crisis Detoxification

admissions; Fifth Priority: Board of Probation and Parole; Sixth Priority: All others; and

iv. Quality improvement and program evaluation.

(4) Meet and comply with all licensure requirements (facility and personnel) and reporting requirements adopted by the State; and state and federal laws, rules, and regulations governing alcohol and drug prevention or treatment programs funded in whole or in part under this Grant Contract. Proof of licensure and credentials shall be submitted upon request of the State.

b. Monitoring. In accordance with Section D.14., the State shall conduct program monitoring as follows:

(1) State monitors shall notify the Grantee of their arrival, prior to site visit inception. The Grantee shall make available all relevant personnel on the appointed day and at the scheduled time chosen by the State, unless otherwise arranged with the State. Deviations from the proposed site visit date must be approved by the State's Practice Improvement Director, no later than two (2) weeks prior to the site visit date;

(2) The Grantee shall comply with any and all requests for information as issued by the State and is required to have all information slated for review, present and ready for review on the appointed day and at the scheduled time of the review. All requested information is to be prepared as specified by the State;

(3) Following the monitoring visit or desk review, the Grantee shall receive a Monitoring Report. If the Monitoring Report indicates that the Grantee has incurred reportable findings, the Grantee shall be required to submit a Corrective Action Plan (CAP) for the State's approval. The CAP must include the date issued, the signature of the preparer, and must address each reportable finding listed in the Monitoring Report. The CAP must also include corrective action to be implemented, person responsible for implementing corrective action, and the CAP implementation date;

(4) Grantee correspondence concerning the CAP may be submitted to the State in hard copy or electronically, as an attachment, via electronic mail (e-mail); and must include a cover letter on Grantee letterhead; and must conform to the State approved format; and must be submitted within the timeframe specified by the State. No facsimile CAP information will be accepted; and

(5) If the CAP is satisfactory, the Grantee shall receive a CAP Approval Letter from the State. If the CAP is unsatisfactory, the Grantee shall receive a CAP Disapproval Letter requesting amendment and resubmission to the State. After the CAP is approved, the State shall conduct a follow-up site visit within sixty (60) days after the approval of the CAP. It is expressly understood and agreed the obligations set forth in this section shall survive the termination of this Grant Contract as specifically indicated herein.

c. Provision of Services. The Grantee shall:

(1) Only provide services in a level of care for which the Grantee has been approved by the State, and for which the Grantee has obtained the appropriate Alcohol and Drug Treatment license and, if appropriate, the appropriate Mental Health license

from the State. The Grantee shall not exclude service recipients who are appropriately prescribed medication for a psychiatric condition.

(2) Provide, to women identified in Section A.3.a., ASAM Level II.1 services as described in this section, including those defined in Sections A.2.c. and A.2.d.; and RSS as defined in Section A.2.:

i. ASAM Level II.1, Women's Intensive Outpatient (WIOP), is a structured nonresidential treatment program for women with a primary or secondary alcohol or other drug abuse or dependency diagnosis or tertiary alcohol or other drug codependency. WIOP is between nine (9) and nineteen (19) hours per week, and is an alternative to residential and traditional day treatment. The program allows an individual to maintain daily living activities in the community. Services in WIOP include individual therapy, group therapy, family therapy, mother/child therapy, support groups, educational lectures or seminars, aftercare services or any combination of such treatment services approved by the State. Each valid unit of WIOP is a minimum of three (3) hours per day of group and/or individual sessions. Group size must be a minimum of six (6) clients and no more than twelve (12) clients for a valid group session, unless otherwise approved in writing by the State. Services must be provided in appropriately licensed facilities.

(3) Provide, to women identified in Section A.3.b. and only with written permission of the State to females under the age of eighteen (18) years who meet all other criteria, ASAM Levels II.1, III.3, III.5, and III.7 services as described in this section, including those defined in Section A.2.d.; and Medical Services and RSS as those are defined in Section A.2.:

i. ASAM Level II.1, Pregnant/Post Partum Intensive Outpatient (PPPIOP), is a structured nonresidential treatment program for women with a primary or secondary alcohol or other drug abuse or dependency diagnosis and who are either pregnant or three (3) months post partum. PPPIOP is between nine (9) and nineteen (19) hours per week, and is an alternative to residential and traditional day treatment. The program allows an individual to maintain daily living activities in the community. Services in PPPIOP include individual therapy, group therapy, family therapy, mother/child therapy, support groups, educational lectures or seminars, aftercare services or any combination of such treatment services and approved by the State. Each valid unit of PPPIOP is a minimum of three (3) hours per day of group and/or individual sessions. Group size must be a minimum of six (6) clients and no more than twelve (12) clients for a valid group session, unless otherwise approved in writing by the State. Services must be provided in appropriately licensed facilities.

ii. ASAM Levels III.3, III.5, and III.7, Pregnant/Post Partum Residential Rehabilitation (PPPRR), are structured residential treatment programs for women with a primary or secondary alcohol or other drug abuse or dependency diagnosis and who are either pregnant or three (3) months post partum. Each level of PPPRR is designed to restore the severely dysfunctional alcohol and/or drug dependent person to levels of functioning appropriate for that individual. Services in PPPRR include individual therapy, group therapy, family therapy or any combination of

such services approved by the State. Services must be provided in appropriately licensed facilities. PPPRR is not appropriate for persons experiencing withdrawal symptoms.

(a) ASAM Level III.3, Clinically-Managed Medium-Intensity, is for persons who need less-intense, slower-paced, and longer term treatment;

(b) ASAM Level III.5, Clinically-Managed High-Intensity, is for persons who need more-intense, faster-paced, and shorter term treatment; and

(c) ASAM Level III.7, Medically-Monitored Intensive, is for persons who have more significant problems with intoxication and withdrawal and other biomedical complications requiring the medical monitoring of their treatment.

iii. An essential aspect of PPPRR is the ongoing structured use of therapy to achieve the goal of rehabilitation. This therapy includes a minimum of five (5) counseling contacts per week and a minimum of five (5) lectures or seminars per week.

iv. PPPRR also provides for infants and children up to age five (5) years to reside with the mother while she is in the residential rehabilitation program.

(4) Provide, to women identified in Section A.3.c., the following services under the umbrella of the SISTERS Program: outreach services designed to improve awareness and identification of women with a substance use disorder or COD, especially those with dependent children. Services to be provided shall include: identification and recruitment of women with a substance use disorder or COD; clinical treatment referral; aftercare services; child care activities; public awareness and family intervention, including alcohol and drug abuse education and prevention; and RSS as defined in Section A.2.

(5) Use Hazelden's Co-Occurring Disorders Program curriculum or other State-approved evidence-based curriculum for the treatment of COD, as defined in Section A.2, for service recipients served under this program. For other treatment, the Grantee shall identify, in writing, which evidence-based and best practice treatment programs are currently being implemented or are to be implemented as treatment modalities. If the Grantee does not use a program listed in the Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Registry for Evidence-Based Programs and Practices (NREPP), documentation must be included to show that the program has been named an evidence-based or best practice model.

(6) Provide services under this program in accordance with the ASAM PPC-2R, when applicable (all women's programs except the SISTERS program). Timeframes for completion of any ASAM PPC-2R assessment shall be at admission, continued stay, and discharge and/or referral to another treatment provider according to the following treatment level schedule. The Grantee shall, in writing, identify the screening and assessment instruments to be used with consumers and when each is to be completed. All assessments must be kept in the service recipient's record:

i. ASAM Level II.1 – Intensive Outpatient: At least every fourteen (14) calendar days.

ii. ASAM Level III.3 – Clinically-Managed Medium-Intensity Residential Rehabilitation: At least every seven (7) calendar days.

iii. ASAM Level III.5 – Clinically-Managed High-Intensity Residential Rehabilitation: At least every seven (7) calendar days.

iv. ASAM Level III.7 – Medically-Monitored Intensive Residential Rehabilitation: At least every three (3) calendar days.

(7) Conduct an ASI screening/assessment on each service recipient. An ASI is valid for up to forty-five (45) days from the date it is completed in the State's data system. Provider agencies will conduct an ASI assessment at admission, six (6) months post-admission (if enrolled in the treatment program), and at discharge. If applicable, an integrated screening, as defined in Section A.2., shall also be conducted on every service recipient.

(8) Create an IPP and Narrative Summary Review of the IPP, as those are defined in Section A.2., in accordance with the following:

i. For intensive outpatient services, the IPP shall be developed within thirty (30) days of admission or by the third (3rd) face-to-face treatment contact, whichever occurs first. The Narrative Summary Review of the IPP shall be completed every ninety (90) days.

ii. For residential rehabilitation services, the IPP shall be developed within seven (7) days of admission. The Narrative Summary Review of the IPP for residential rehabilitation treatment facilities shall be completed every seven (7) days.

(9) Create a discharge plan for preparing a service recipient to discharge from treatment. The discharge plan should identify criteria for discharge, including relapse and other RSS. A sample discharge plan shall be available upon request of the State.

(10) Provide interim services as defined in Section A.2., if applicable, as follows:

i. Interim services for intravenous drug abusers must include counseling and education about HIV and Tuberculosis (TB), counseling about the risks of needle sharing, counseling about the risks of HIV transmission to sexual partners and infants, steps to ensure HIV and TB transmission does not occur, and referral for HIV and TB treatment services if indicated.

ii. Interim services for pregnant women shall include counseling and education about HIV and TB, counseling about the risks of needle sharing, counseling about the risks of HIV transmission to sexual partners and infants, steps to ensure HIV and TB transmission does not occur, referral for HIV and TB treatment services if indicated, counseling on the effects of alcohol and drug use on the fetus, and referrals for prenatal care.

(11) Maintain a document, for all women's programs except the SISTERS program, identifying individuals seeking services for substance use disorders treatment when treatment services are not available or when program capacity has been reached ("waiting list"). Individuals on the waiting list are seeking treatment and have met program screening and eligibility criteria for services. The waiting list is to be initiated and maintained in the State's data system.

d. Outreach Services. The Grantee shall:

(1) Publicize the availability of services to pregnant women and the fact that pregnant women receive preference for admission. In the event that the Grantee has insufficient capacity for admitting pregnant women seeking treatment, the Grantee shall attempt to place the pregnant woman at a facility with capacity. If the Grantee is unable to locate a facility, the Grantee shall notify the State's Director of Addiction Treatment and Recovery Services or designee, and the State will attempt to place the pregnant woman at a facility with capacity. If the State is unsuccessful in placing the pregnant woman at another treatment facility, the Grantee shall place the pregnant woman on a waiting list, with the highest admission priority, and the Grantee must provide interim services within forty-eight (48) hours.

(2) Provide outreach services to intravenous drug use (IVDU) individuals. Make assurances to the State that these outreach services are being provided by:

i. Selecting, training and supervising outreach workers;

ii. Contacting, communicating and following-up with high risk substance abusers, their associates and neighborhood residents, within constraints of federal and state confidentiality requirements, including Title 42 of the Code of Federal Regulations (CFR) Part 2 and Title 33 of the Tennessee Code Annotated;

iii. Promoting awareness among IVDUs about the relationship between injecting drug abuse and communicable diseases such as Human Immunodeficiency Virus (HIV);

iv. Recommending steps that can be taken to ensure that HIV transmission does not occur; and

v. Encouraging entry into treatment. For an individual who is in need of treatment for intravenous drug abuse, the individual will be admitted to a program providing the appropriate ASAM PPC-2R level of care, no later than fourteen (14) days after making the request for admission; or if no such program has the capacity to admit the individual on the date of such request, the individual will be admitted within one hundred twenty (120) days of such request and provided interim services no later than forty-eight (48) hours after such request. The Grantee must notify the State's Director of Addictions Treatment and Recovery Services when the Grantee reaches ninety percent (90%) capacity to admit service recipients to the appropriate program. If an individual cannot be admitted on the date of such request due to the program being at capacity, or cannot be admitted to another program within a reasonable geographic region, the individual will be placed on a waiting list with priority admission status, and will be served no later than fourteen (14)

days after making the request for admission, or within one hundred twenty (120) days of such request and provided interim services no later than forty-eight (48) hours after such request. If an individual elects to be removed from the waiting list, or cannot be located, he or she may reapply for services at a later date.

e. Documentation. The Grantee shall:

(1) For all women's programs except the SISTERS program, create and maintain a service recipient record on each service recipient served. Documentation of the service recipient's history and current life functioning for each admission and re-admission must be completed prior to the development of the IPP and within one (1) day of admission for detoxification services. Re-admission assessments will document service recipient's information from the date of last contact. Each service recipient's record shall include the following documentation:

i. The current presenting problem and referral source.

ii. The completed Addiction Severity Index (ASI). The ASI shall have been completed within the past forty-five (45) days; may be completed by another service provider; and shall be entered into the State's data system by the service provider at which the service recipient is currently receiving services.

iii. The completed ASAM PPC-2R assessment, which may have been completed by the Grantee or another service provider.

iv. The results of the TB screening and testing conducted in accordance with the State's licensure rules (Rules 0940-5-41 through 0940-5-45).

v. The State's approved and signed outcome evaluation forms.

vi. Appropriate signed Release of Information forms.

vii. An individualized IPP jointly developed by the service recipient and qualified alcohol and drug abuse treatment personnel completed within the time frames specified in the State's licensure rules (Rules 0940-5-41 through 0940-5-45).

viii. Narrative Summary Review of the IPP within the timeframes specified by the State's licensure rules which include the progress, or lack thereof, toward each treatment goal and changes in the diagnostic formulation, as appropriate. The Narrative Summary Review must be updated with each change in the level of care.

ix. Progress notes for each treatment contact, which minimally include service recipient's name, date, duration, group size, type of contact, and name and signature of staff delivering each service. At least weekly, the progress notes shall address the service recipient's progress, or lack thereof, toward IPP goals.

x. Copies of the ASAM PPC 2-R Criteria Case Review forms completed at admission, continued stay, and at discharge.

xi. The discharge summary as prescribed by licensure rules and including a narrative description of the service recipient's course of treatment, condition at discharge, and signature of the individual preparing the summary.

xii. An aftercare plan as defined in Section A.2. and prescribed by the State's licensure rules (Rules 0940-5-41 through 0940-5-45).

(2) For the SISTERS program, create and maintain a service recipient record on each service recipient served. The record shall include documentation of each service encounter showing which service was provided; duration of service; and outcomes.

(3) Submit the following information in the State's data system at the required timeframes set by the State:

i. Program enrollment;

ii. Service recipient admission;

iii. ASI and ASAM PPP-2R assessments (not required for the SISTERS program);

iv. Encounters;

v. Waiting list; and

vi. Other documentation as determined by the State.

f. Reporting. The Grantee shall submit all required program, fiscal, and data reports as prescribed by the State, including: 1) if applicable, the quarterly SISTERS report by the fifteenth (15th) of the month following the end of each quarter; and 2) the National Survey of Substance Abuse Treatment Services (N-SSAT). It is expressly understood and agreed the obligations set forth in this section shall survive the termination of this Grant Contract as specifically indicated herein.

A.6. Process:

a. Pursuant to Tennessee Code Annotated §33-10-103, all individuals who receive alcohol or drug abuse services should be required to pay the reasonable cost of counseling, assistance, treatment or rehabilitation furnished to them. However, no one should be refused assistance by programs or facilities funded in whole or in part by this Grant Contract because of inability to pay for such services.

b. "Reasonable cost", as used above in Section A.6.a., is set by the Grantee based on one hundred thirty-three percent (133%) of the US HHS Federal Poverty Guidelines and represents a percentage of the difference between the State's reimbursement rate and the Grantee's established rate as shown in Attachment (insert appropriate number).

c. The Grantee shall assist service recipients unable to pay for prescribed medication by referring to the various pharmaceutical companies for enrollment into the Pharmacy Assistance Programs.

d. The Grantee shall, when possible, utilize substance use RSS funded by other State funded programs to assist the service recipient in obtaining other appropriate services.

e. The Grantee shall participate in the planning and coordination of program implementation, service delivery, and assessment of need in coordination with the State. The Grantee shall describe, in writing, how it will assess and provide for RSS, including referrals, provided to service recipients before, during, and/or post-treatment.

f. The Grantee shall make continuing education available to employees providing services available through this program. The continuing education shall be in the appropriate areas for the services being provided.

g. The Grantee shall participate in the State-approved outcome evaluation service recipient follow-up system by informing every service recipient served through this Grant Contract, except those identified in Section A.3.c., about the outcome evaluation service recipient follow-up system; and shall, for every service recipient served, obtain and submit signed consent forms and other forms as required.

h. The Grantee shall submit all individual service recipient transaction admission and discharge variables to the State with a maximum of five percent (5%) reported unknown or missing values.

A.7. Outcome – Access:

Services available through this program shall be available to those identified in Section A.3.

A.8. Outcome – Capacity:

The Grantee shall provide services available through this program to the maximum number of service recipients as determined by individual assessment of need and ASAM continuing stay case reviews.

A.9. Outcome – Effectiveness:

a. The Grantee shall participate in the State-approved outcome evaluation service recipient follow-up system for the purpose of obtaining information about each service recipient's, except those identified in Section A.3.c., functioning following participation in an alcohol and drug abuse services program.

b. The Grantee shall obtain signed consent forms and other required documentation for the State-approved outcome evaluation service recipient follow-up system for one hundred percent (100%) of those served under this program, except those identified in Section A.3.c. A signed consent form must indicate either a “positive” consent (i.e. the service recipient’s agreement to participate) or a “denied” consent (i.e. the service recipient’s refusal to participate).

c. The Grantee shall obtain “positive” consents for the State-approved outcome evaluation service recipient follow-up system on a minimum of eighty percent (80%) of those served under this program, except those identified in Section A.3.c.

d. At least seventy-five percent (75%) of service recipients will show an improvement in the life domain areas of substance abuse/dependence, mental health, physical health, housing, employment, family/social relations and legal involvement.

Attachment C-3
Medically Monitored Crisis Detoxification (MMCD)
Intended Scope of Services
Page 1 of 9

A. SCOPE OF SERVICES:

A.1. The Grantee shall provide all services and deliverables as required, described, and detailed herein and shall meet all service and delivery timelines as specified by this Grant Contract.

A.2. Service Definitions:

a. Medically Monitored Crisis Detoxification Services, or Medically Monitored Inpatient/ Residential Detoxification Services (hereinafter MMCD), American Society of Addiction Medicine (ASAM) Level III.7-D, is an organized substance abuse detoxification service delivered by medical and nursing professionals that provides for twenty-four (24) hour medically supervised evaluation and withdrawal management, in a permanent facility with inpatient/residential beds. Services are delivered under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols. This level provides care to service recipients whose withdrawal signs and symptoms are sufficiently severe to require twenty-four (24)-hour inpatient/residential care. Twenty-four (24) hour observation, monitoring, and treatment shall be available. The full resources of an acute care general hospital or a medically managed intensive inpatient/residential treatment program are not necessary.

b. "Aftercare Services and Aftercare Plan", for purposes of this Grant Contract, are written plans developed by the Grantee and the service recipient which specify the activities and objectives that will enable the service recipient to sustain a recovery-oriented lifestyle.

c. "Individualized Program Plan (IPP)", for purposes of this Grant Contract, is a written document with specific goals and objectives to guide the treatment process prepared and signed by the service recipient and a qualified alcohol and other drug personnel.

d. "Levels of Care", for purposes of this Grant Contract, consist of a continuum of services as outlined in the American Society of Addiction Medicine Patient Placement Criteria – Second Edition – Revised (ASAM PPC-2R). It is expected that the Grantee is capable of offering services for the full continuum of care as described in this Scope of Services. Services are to be provided in different levels as approved by the State and for which an appropriate license has been obtained as further described in this Scope of Services. Different levels of care are used when the service recipient in MMCD services is able to be stepped-down to a lower level of care, or stepped up to a higher level of care, as required through an ASAM PPC-2R assessment.

A.3. Service Recipients:

a. Any Tennessee adult eighteen (18) years of age or older, who:

(1) Is experiencing a crisis and his/her presentation indicates he/she is experiencing a substance intoxication, defined in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) as "the development of a reversible substance-specific syndrome due to the recent ingestion of, or exposure to, a substance that produces clinically significant maladaptive behavioral or psychological changes that are due to the effect of the substance on the central nervous system and develop during or shortly after use of a substance.";

(2) Has withdrawal signs and symptoms that are sufficiently severe to require twenty-four (24) hour inpatient/residential care, as defined in the ASAM PPC-2R for Level III.7-D, MMCD services;

(3) Has withdrawal complications that can be safely detoxified, thereby permitting the completion of a clinical assessment that identifies need for further treatment and recovery services;

(4) Has a primary diagnosis of alcohol and drug use and abuse or a diagnosis of a co-occurring alcohol/drug and psychiatric disorder as described in either the ASAM PPC-2R or the DSM-IV;

(5) Is indigent and has no other financial means of obtaining alcohol and drug use and abuse or co-occurring alcohol/drug and psychiatric disorder services, is not eligible for Tennessee's Medicaid program, TennCare, or other third party alcohol and drug use and abuse or co-occurring alcohol/drug and psychiatric treatment benefits, or does not have any other limited third party health benefits payor source or have depleted their TennCare or other third party alcohol and drug abuse treatment benefits limit; and

(6) Meets the one hundred thirty-three percent (133%) federal poverty guidelines as set by the United States Department of Health and Human Services (US HHS).

A.4. Service Goals:

a. To assist service recipients in detoxifying from substance abuse in a unified and integrated service setting.

b. To provide clinical assessment and evaluation services that allow for appropriate referral to a program for the treatment of substance abuse and/or co-occurring alcohol/drug and psychiatric disorders.

c. To provide services that are culturally responsive.

d. To provide services that facilitate recovery.

e. To provide services that are staffed by professionals knowledgeable of treating substance use and co-occurring alcohol/drug and psychiatric disorders.

f. To divert service recipients, when clinically appropriate, from psychiatric inpatient/ residential hospitalization and inappropriate emergency room admissions, or to divert service recipients from more intensive behavioral health services.

g. To provide an appropriate community setting in which service recipients who are experiencing a substance intoxication as described in Section A.3.a.(1), presenting in crisis, and at risk of withdrawal complications can be safely detoxified, thereby permitting the completion of a clinical assessment that identifies the need for further treatment and recovery services.

A.5. Structure:

a. Staffing; Policies and Procedures; and Compliance with Laws, Rules, and Regulations. The Grantee shall:

(1) Be structured and organizationally linked to a governing body as prescribed by the State.

(2) Be appropriately staffed to provide the services described herein and submit to the State, in writing, a description of position titles for direct care staffing positions, including qualifications, licenses, and other such credentials. Proof of all credentials and licenses shall be submitted upon request of the State.

(3) Develop, implement, and maintain written organized policies and procedures; and create and maintain a written Policies and Procedures Manual. The Policies and Procedures Manual shall be available upon request of the State and include policies and procedures on, but not limited to, the following:

i. Establishing and maintaining a waiting list in the State's data system with assurances that the Grantee will notify, in writing, the State's Director of Addictions Treatment and Recovery Services when ninety percent (90%) capacity to admit individuals has been reached;

ii. Addressing Infection Control procedures by the Centers for Disease Control (CDC) by referring to the CDC's guidelines available at their website;

iii. Assuring priority preference for admission and, if necessary, placement on the waiting list to treatment programs following the admission. Priority preference is as follows: First Priority: Pregnant injecting drug abuser; Second Priority: Pregnant substance abuser; Third Priority: Injecting drug user; Fourth Priority: Board of Probation and Parole; Fifth Priority: All others; and

iv. Quality improvement and program evaluation.

(4) Meet and comply with all licensure requirements (facility and personnel) and reporting requirements adopted by the State; and state and federal laws, rules, and regulations governing alcohol and drug prevention or treatment programs funded in whole or in part under this Grant Contract. Proof of licensure and credentials shall be submitted upon request of the State.

b. Monitoring. In accordance with Section D.14., the State shall conduct program monitoring as follows:

(1) State monitors shall notify the Grantee of their arrival, prior to site visit inception. The Grantee shall make available all relevant personnel on the appointed day and at the scheduled time chosen by the State, unless otherwise arranged with the State. Deviations from the proposed site visit date must be approved by the State's Practice Improvement Director, no later than two (2) weeks prior to the site visit date;

(2) The Grantee shall comply with any and all requests for information as issued by the State and is required to have all information slated for review, present and

ready for review on the appointed day and at the scheduled time of the review. All requested information is to be prepared as specified by the State;

(3) Following the monitoring visit or desk review, the Grantee shall receive a Monitoring Report. If the Monitoring Report indicates that the Grantee has incurred reportable findings, the Grantee shall be required to submit a Corrective Action Plan (CAP) for the State's approval. The CAP must include the date issued, the signature of the preparer, and must address each reportable finding listed in the Monitoring Report. The CAP must also include corrective action to be implemented, person responsible for implementing corrective action, and the CAP implementation date;

(4) Grantee correspondence concerning the CAP may be submitted to the State in hard copy or electronically, as an attachment, via electronic mail (e-mail); and must include a cover letter on Grantee letterhead; and must conform to the State approved format; and must be submitted within the timeframe specified by the State. No facsimile CAP information will be accepted; and

(5) If the CAP is satisfactory, the Grantee shall receive a CAP Approval Letter from the State. If the CAP is unsatisfactory, the Grantee shall receive a CAP Disapproval Letter requesting amendment and resubmission to the State. After the CAP is approved, the State shall conduct a follow-up site visit within sixty (60) days after the approval of the CAP. It is expressly understood and agreed the obligations set forth in this section shall survive the termination of this Grant Contract as specifically indicated herein.

c. Provision of Services. The Grantee shall:

(1) Only provide services under this program for which the Grantee has obtained the appropriate Alcohol and Drug Treatment Facility license, as determined by the State, from the State. The Grantee shall identify, in writing, the admission criteria including priority populations. The Grantee shall not exclude service recipients who are appropriately prescribed medication for a psychiatric condition.

(2) Possess a current Alcohol and Drug Abuse Residential Detoxification license issued by the State's Office of Licensure and Review. The Grantee shall submit proof of licensure upon request of the State. Only provide services in a level of care for which the Grantee has been approved by the State, and for which the Grantee has obtained the appropriate Alcohol and Drug Treatment license and, if appropriate, the appropriate Mental Health license from the State. If the Grantee has been approved for different levels of care, the Grantee shall provide, in writing, placements in, and movements between, levels of care and assurances that service recipients will be placed in and moved to the appropriate level(s) of care based on ASAM criteria.

(3) Provide services under this program in accordance with the ASAM PPC-2R. The ASAM PPC-2R assessment shall be at admission, every twenty-four (24) hours, and at discharge and/or referral to another treatment provider. All assessments must be kept in the service recipient's record.

(4) Adhere to the following regarding length of stay: MMCD length of stay shall be up to a maximum of six (6) days based on the Grantee's medical determination. In the event that the Grantee's medical personnel determine that additional day(s) are required beyond six (6) days to complete the detoxification, the

Grantee shall make a written request by fax to the State's Medical Director no later than close of business on day five (5) of the stay providing justification for the extended stay. The justification should include the current ASAM PPC-2R assessment and clinical progress notes. The State's Medical Director or designee will review the justification and notify the Grantee in writing within twenty-four (24) hours of the approval or denial of the request. Financial responsibility for extended stay requests submitted after day five (5) or requests that are not approved by the State's Medical Director shall be the responsibility of the Grantee.

(5) Conduct an Addiction Severity Index (ASI) screening/assessment within twenty-four (24) hours of admission on each service recipient. An ASI is valid for up to forty-five (45) days from the date it is completed in the State's data system.

(6) Create an IPP, as defined in Section A.2., within one (1) day of admission of the service recipient into MMCD services.

(7) Create a discharge plan for preparing a service recipient to discharge from treatment. The discharge plan should identify criteria for discharge, including relapse and other recovery support services. A sample discharge plan shall be available upon request of the State.

(8) Create an aftercare plan as defined in Section A.2.

(9) Utilize the most current version of the ASI and the ASAM PPC-2R standards and forms for conducting assessments and for reviewing and documenting the service recipient's placement in particular levels of care.

(10) Adhere to all requirements for Level III.7-D as outlined in the ASAM PPC-2R.

(11) Provide MMCD services on a twenty-four hours per day, seven days per week (24/7) basis for service recipients identified in Section A.3., including round-the-clock admission capacity. Twenty-four (24) hour observation, monitoring and treatment must also be provided.

(12) Accept direct referrals only from:

i. All State-approved Crisis Teams;

ii. All Tennessee Regional Mental Health Institutes (RMHIs) [Memphis Mental Health Institute (MMHI); Western Mental Health Institute (WMHI); Middle Tennessee Mental Health Institute (MTMHI); Moccasin Bend Mental Health Institute (MBMHI); and Lakeshore Mental Health Institute (LMHI)];

iii. Law enforcement; and

iv. General and psychiatric hospitals.

(13) Provide services with properly licensed medical and nursing personnel, as specified in the ASAM PPC-2R, who are qualified to provide specialized clinical consultation, supervision and treatment for biomedical, emotional, behavioral and cognitive problems in service recipients identified in Section A.3. The Grantee shall submit proof of all required credentials (licenses) upon request of the State.

(14) Provide for appropriate laboratory and toxicology tests in MMCD services.

(15) Provide all services necessary for the full continuum of care for substance use and co-occurring mental health disorders treatment and recovery support, including all levels of detoxification, outpatient, inpatient/residential and residential services, as described in the ASAM PPC-2R.

(16) Provide a range of cognitive, behavioral, medical, mental health, educational, motivational and other ancillary services in individual and group settings to enhance the service recipient's understanding of substance use, abuse and addiction, complete the medically monitored detoxification process and arrange for appropriate referral to an appropriate level of care for continuing treatment.

(17) Provide referral services for services not provided by Grantee, including but not limited to, treatment, recovery support, aftercare, and medical as appropriate to ASAM PPC for the treatment of substance-related disorders and co-occurring alcohol/drug and psychiatric disorders.

(18) Collaborate with community partners to provide health, social, recovery, and/or outreach for alcohol and drug use and abuse and co-occurring alcohol/drug and psychiatric services.

(19) Conduct, as needed, a community outreach program as follows:

i. The Grantee shall have meetings with, or give presentations to, all State-approved Crisis Teams; crisis services providers (i.e., the Crisis Stabilization Units); Tennessee RMHIs as noted in Section A.5.c.(12)ii.; local law enforcement; and local hospital emergency departments;

ii. The content of the meetings or presentations shall include but not be limited to:

(a) An introduction of the Grantee (who you are, where you are located, what service(s) you provide, etc.);

(b) The criteria for receiving each of the service(s) you provide; and

(c) The referral process; and

iii. The Grantee shall create and maintain all necessary documentation related to the outreach program such as when meetings or presentations took place, the content described in Section A.5.c.(19)ii. and who attended. The documentation shall be made available upon request of the State.

d. Documentation and Reporting. The Grantee shall:

(1) Create and maintain a service recipient record on each service recipient served. Documentation of the service recipient's history and current life functioning for each admission and re-admission must be completed prior to the development of the IPP and within one (1) day of admission. Re-admission assessments will document service recipient's information from the date of last contact. Each service recipient's record shall include the following documentation:

i. The current presenting problem and referral source;

ii. The completed ASI. The ASI shall have been completed within the past forty-five (45) days; may be completed by another service provider; and shall be entered into the State's data system by the service provider at which the service recipient is currently receiving services;

iii. The completed ASAM PPC-2R assessment, which may have been completed by the Grantee or another service provider;

iv. The results of the TB screening and testing conducted in accordance with the State's licensure rules (Rules 0940-5-41 through 0940-5-47);

v. The State's approved and signed outcome evaluation forms;

vi. Appropriate signed Release of Information forms;

vii. An individualized IPP jointly developed by the service recipient and qualified alcohol and drug abuse treatment personnel completed within the time frames specified in the State's licensure rules (Rules 0940-5-41 through 0940-5-47);

viii. Progress notes for each treatment contact, which minimally include service recipient's name, date, duration, group size, type of contact, and name and signature of staff delivering each service;

ix. Copies of the ASAM PPC 2-R Criteria Case Review forms completed at admission, daily, and at discharge;

x. The discharge summary plan, created pursuant to Section A.5.c.(7), including a narrative description of the service recipient's course of treatment, condition at discharge, and signature of the individual preparing the summary; and

xi. An aftercare plan as defined in Section A.2. and created pursuant to Section A.5.c.(8).

(2) Submit the following information into the State's data system at the required timeframes set by the State:

i. Program enrollment;

ii. Service recipient admission;

iii. ASI and ASAM PPC-2R assessments;

iv. Encounters;

v. Waiting list; and

vi. Other documentation as determined by the State.

(3) Submit to the State, in a format prescribed by the State, a daily report by 10:00 AM Central time for the preceding day. Reports for Saturday and Sunday may be submitted on Monday by 10:00 AM Central time. Reports shall include but not be limited to:

i. Total uninsured admissions;

ii. Total uninsured census;

iii. Total TennCare admissions;

iv. Total TennCare census;

v. Total combined daily admissions; and

vi. Total combined daily census.

(4) Submit all required program, fiscal, and data reports as prescribed by the State, including the National Survey of Substance Abuse Treatment Services (NSSAT). It is expressly understood and agreed the obligations set forth in this section shall survive the termination of this Grant Contract as specifically indicated herein.

(5) Identify and provide a process to monitor complaints, improve service quality, and monitor service recipient specific and unit outcomes. Related documentation shall be available upon request of the State.

A.6. Process:

a. Pursuant to Tennessee Code Annotated §33-10-103, all individuals who receive alcohol or drug abuse services should be required to pay the reasonable cost of counseling, assistance, treatment or rehabilitation furnished to them. However, no one should be refused assistance by programs or facilities funded in whole or in part by this Grant Contract because of inability to pay for such services.

b. "Reasonable cost", as used above in Section A.6.a., is set by the Grantee based on one hundred thirty-three percent (133%) of the US HHS Federal Poverty Guidelines and represents a percentage of the difference between the State's reimbursement rate and the Grantee's established rate as shown in Attachment 3.

c. The Grantee shall assist service recipients unable to pay for prescribed medication by referring to the various pharmaceutical companies for enrollment into the Pharmacy Assistance Programs.

d. The Grantee shall participate in the planning and coordination of program implementation, service delivery, and assessment of need in coordination with the State.

e. The Grantee shall make continuing education available to employees providing services available through this program. The continuing education shall be in the appropriate areas for the services being provided.

f. The Grantee shall participate in the State-approved outcome evaluation service recipient follow-up system by informing every service recipient served through this Grant Contract about the outcome evaluation service recipient follow-up system; and shall, for every

service recipient served, obtain and submit signed consent forms and other forms as required.

g. The Grantee shall submit all individual service recipient transaction admission and discharge variables to the State with a maximum of five percent (5%) reported unknown or missing values.

A.7. Outcome – Access:

The MMCD services identified for funding through this Grant Contract shall be made available to service recipients identified in Section A.3.

A.8. Outcome – Capacity:

Grantee shall provide MMCD services to those identified in Section A.3. as licensure rules permit.

A.9. Outcome – Effectiveness:

a. The Grantee shall participate in evaluation of MMCD services as prescribed by the State.

b. The Grantee shall document that seventy-five percent (75%) of admitted service recipients successfully completed MMCD services.

c. The Grantee shall document that eighty percent (80%) of those completing MMCD services were admitted into post discharge referred services.

d. The Grantee shall document that one hundred percent (100%) of follow-up services were provided until service recipient was fully engaged in post discharged referral services.

e. The Grantee shall maintain an average of seventy-five percent (75%) capacity utilization.